

Before your child can participate in any USY event this form MUST be signed by both the USYer and a parent/guardian.

PARENT/GUARDIAN PERMISSION:

My son/daughter, _____, has my permission to participate in events sponsored by Brockton USY or New England Region United Synagogue Youth.

I understand that Brockton USY and Temple Beth Emunah does not provide medical insurance and medical costs will be submitted to the parent/guardian's health insurance company.

I hereby give permission to the physicians selected by the staff of Brockton USY to provide appropriate treatment in the event of a surgical/medical emergency. Every effort will be made to contact the parents/guardians or their proxy.

My child is permitted to use any transportation selected by the Advisor/Director and or Youth Commission. I accept responsibility of payment for loss, damage or destruction of any property by my child.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

USYER AGREEMENT

I agree to abide by all rules at all USY functions, including the following:

- Smoking, drugs, or alcohol is NOT allowed at any USY event.
- Members are expected to follow the rules of Conservative Judaism, including (but not limited to) keeping kosher while going to, coming from or at USY events.
- USYers are NOT allowed to drive themselves or other USYers to events held other than at our temple without the permission/knowledge of their parents and the USY adviser/youth director.
- Wear attire allowed by the USY dress code

USYER SIGNATURE _____

DATE _____

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BROCKTON USY ANTI-BULLYING STATEMENT

No matter if we ourselves have committed the act of bullying, witnessed bullying, or have been the victim of bullying, we adamantly believe that bullying is not justified by any means. This includes physical bullying, verbal bullying, bullying by relationship, and bullying by means of technology including texting, facebook, emailing, and more. In the Torah it says to love your neighbor as you love yourself. As a group of young Jewish leaders, we have the unique opportunity to heed the words of our Torah, and lead our friends in the fight against bullying.

We urge you to take the following Anti-Bullying statement to heart, as we hope you will support this not only when you attend USY events, but also in your everyday lives. By supporting this statement, you are agreeing to make USY a safe place for all Jewish children and teenagers.

The statement reads as follows:

We agree Brockton USY is accepting of all Jewish children and teens, no matter their shape or size, no matter their sexual preference, no matter their hobbies, and no matter their political views. We stand together as a chapter, in accordance with Jewish law, to say that all individuals are of value and worthy of respect. Every member of Brockton USY deserves to be able to enjoy USY as a safe and secure environment – free from intimidation, threat, or harm from any other person. We, ask you to join us to take the necessary measures to make Brockton USY a safe and bully-free environment for all of our USYers.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

USYER SIGNATURE _____

DATE _____

Brockton United Synagogue Youth 2011-2012

MEMBERSHIP FORM

NAME _____

STREET _____ CITY _____ ZIP _____

E-MAIL _____ CELL PHONE _____

CAN YOU RECEIVE TEXTS? _____ GRADE _____

ARE YOU ELIGIBLE TO RECEIVE A FREE JUNIOR USY MEMBERSHIP _____

IF YES WHEN WHEN IS/WAS YOUR BAR OR BAT MITZVAH _____

SCHOOL _____ BIRTHDAY ___/___/___

ARE YOU ON FACEBOOK? _____ PLEASE INCLUDE YOUR FACEBOOK WEB ADDRESS:
www.facebook.com/_____

FAMILY INFORMATION: Must be filled out by parent/guardian

MOTHER _____ E-MAIL _____

PHONE (H) _____ (C) _____

FATHER _____ E-MAIL _____

PHONE (H) _____ (C) _____

Are you willing to help as a driver or chaperone for events? YES NO

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

MEDICAL INFORMATION:

DOCTOR'S NAME _____ PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY# _____

ALLERGIES/MEDICATION: _____

Are there any special condition/dietary needs/restrictions on activity/ special circumstances about which the advisors should be aware? If yes please explain on the back of this form.

Membership Dues: Please make checks payable to Brockton USY

| | JR/SR USY | Kadima |
|------------|-----------|--------|
| TBE Member | \$40 | \$30 |
| Non Member | \$55 | \$45 |

Please complete and return this form to: USY C/O Temple Beth Emunah 479 Torrey Street Brockton 02301