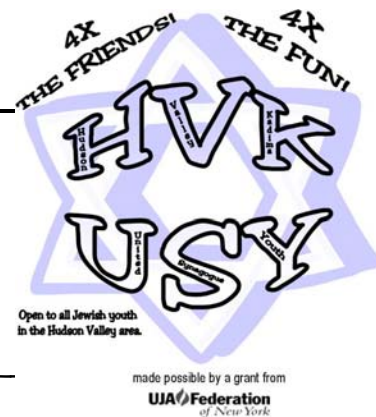


Hudson Valley Kadima/USY Registration Form 2010-2011



YOUTH INFO

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell Phone: _____ Email: _____

School: _____ Current Grade: _____

Are you / your family a member of: (check one)

____ Croton Jewish Center, Croton-on-Hudson ____ First Hebrew Congregation, Peekskill

____ Temple Beth Shalom, Mahopac ____ Yorktown Jewish Center, Yorktown

____ Other synagogue- please specify _____

____ Unaffiliated with a synagogue

I am interested in the following Youth Group activities:

____ sports (fitness club) ____ bowling ____ movies ____ theater

____ crafts ____ games ____ sleepovers ____ dances

____ music ____ discussions ____ helping others ____ trips

____ newsletter ____ service swap/hop (going to services at other synagogues)

____ leadership position on the USY Executive Board

Other recommendations: _____

PARENT INFO

Mom's name: _____ cell phone: _____ email: _____

Dad's name: _____ cell phone: _____ email: _____

____ *I do not want my child photographed for publicity purposes*

Medical Information

In case of medical or surgical emergency, I understand that every effort will be made to contact parents or guardians of youth group members. In the event that I cannot be reached, I hereby give permission for the Youth Group Director or the designee to secure all proper treatment for my child as named above.

Doctor's name _____ Phone Number ____-____-_____

Insurance Company Name: _____ Policy Holder: _____

Policy Number: _____ Group Name/Number: _____

Date of most recent tetanus shot: ____/____/____

****PARENT'S SIGNATURE:**

Date:

Please indicate anything else you wish us to know, e.g. activity restrictions, limiting physical conditions, dietary restrictions/allergies (sugar, caffeine, nuts, etc.) with reactions/precautions:

Below please indicate who should be contacted in case of emergency.

Name: _____ Relationship to youth: _____

Address: _____ Phone: _____

2010-2011 MEMBERSHIP DUES

Synagogue Member: \$36 for Kadima - \$54 for USY

Non Member: \$54 for Kadima - \$72 for USY

Please make checks payable to: Temple Beth Shalom/HVKUSY
760 Route 6
Mahopac, New York 10541

Please call/email any questions: Croton Jewish Center - Shelley Avellino - 914-271-2218
Avellino1@optonline.net
First Hebrew Congregation - Lili Kasdan - 914-739-0500
dlkasdan@optonline.net
Temple Beth Shalom - Melody Weisman - 845-628-6133
Bridle3147@aol.com
Yorktown Jewish Center - Gregg Willinger - 914-739-8001
greggw@bna1.com

Youth Director - Celia Baczkowski
Phone: 845-809-5416 Email: hvkusy@aol.com

Conduct

All Kadima/USY members are expected to abide by all Local, State and Federal laws at every Youth Group event. All members of Kadima/USY must observe the rules of Kashrut while attending programs and events. Synagogue property is not to be abused. Leaving a Kadima/USY activity without the permission of the advisor is strictly prohibited. Members must follow the direction of the staff and chaperones, treating them and other members with respect and courtesy. Foul language or putting down others will not be tolerated. In accordance with Metropolitan New York Region USY policy, the involvement in any of the following offenses will result in the member immediately removed from the event and a parent notified. Such offenses are (but are limited to): use of illegal drugs, alcohol, cigarettes, and stealing. If an offense occurs as outlined above, I accept responsibility for my child's actions and I understand that my child will be sent home at my expense. In addition, violation of these rules/laws may result in suspension from future Kadima/USY activities and/or disciplinary/legal action.

** PARENT'S SIGNATURE: _____ Date: _____

** MEMBER'S SIGNATURE: _____ Date: _____

Parental Assistance

Parents of Kadima/USYers are expected to share in the activities of the group. You may be called upon to help at function(s) during the year.

_____ I will be available to help setup/chaperone Kadima/USY events.

_____ I will be available to carpool.

_____ I will be available as needed.

_____ I would like to be involved in the planning of events for Kadima/USY.

** PARENT'S SIGNATURE: _____ Date: _____