

# Southwest Orlando Jewish Congregation Youth Department Membership Application & Parental Release

*This application must be filled out in its entirety each and every year.  
Please do not leave blanks. Please print legibly.*

Grade of youth as for coming school year: **Kadima:** 6\_\_ 7\_\_ 8\_\_ **USY:** 9\_\_ 10\_\_ 11\_\_ 12\_\_

Are you a member of SOJC? Yes \_\_ No \_\_ If the answer is no, are you affiliated? \_\_\_\_\_

Youth Member's: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Youth Mobile # \_\_\_\_\_ Youth's E-mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ T-Shirt Size: Adult S\_\_ M\_\_ L\_\_ XL\_\_

Father's Name \_\_\_\_\_ Father's Mobile \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Mobile \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_

Married\_\_ Separated\_\_ Divorced\_\_ Widowed\_\_ Child Lives with \_\_\_\_\_

Teen is Jewish by Birth (Mom is Jewish) Yes \_\_ No \_\_

If no, when was child converted? \_\_\_\_\_

I have been a member of another Youth Department? Yes\_\_ No\_\_

If yes, which one and when? \_\_\_\_\_

School Name \_\_\_\_\_

School groups/activities \_\_\_\_\_

Are there any allergies (food or other), medications, or disabilities, of which the youth department should be aware? \_\_\_\_\_

The above information is true to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**For office use only**

Kadima \_\_\_\_\_ USY \_\_\_\_\_

Amount \_\_\_\_\_ Paid by Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Date \_\_\_\_\_

Notes:

# Parental Release

Please list 2 contacts, other than parents, in case of an emergency.

Name	Phone #	Relationship

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

**Attach a photocopy of both the FRONT and BACK of your INSURANCE CARD to this form.**

I, on behalf of myself and other parents and guardians of my child, hereby give permission for my child, \_\_\_\_\_, to participate in all youth programs at Southwest Orlando Jewish Congregation (SOJC). In the event of injury or illness, I give permission for my child to be given medical or dental treatment as deemed appropriate. In the event of an emergency, surgical or otherwise, I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize a representative of SOJC to select a physician and or authorize medical treatment, including, without limitation, hospitalization, anesthesia, injection, and or surgery measures which he/she feels are in the best interest of my child. I understand and acknowledge that I will be responsible for all expenses incurred on behalf of my child including, without limitation, medical bills incurred in connection with any transportation and treatment of my child.

Unless this space \_\_\_ is checked and I have provided you with specific instructions, directions, or other specific data to the contrary, on an attached page, you may assure that my child has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation at any scheduled activity. If any medical disabilities, allergies or other limitations have been identified, I hereby give SOJC and its representatives authority to share this information with appropriate medical personnel.

I hereby release and hold harmless SOJC, its officers, directors, employees, agents and representatives from any and all claims, causes of action, judgments, awards, settlements, and or damages to any person or property arising directly or indirectly out of my child's participation in the program, and further release and hold harmless SOJC, its officers, directors, employees, agents and representatives of any and all claims and causes of action by reason of any injury which may be sustained in connection with any program activity, whether on SOJC's premises, or at another location, or on the way to or from these activities, in connection with its selection of physician, medical treatment, hospital,

# Parental Release Continued

or any other medical service for my child in a medical emergency, or in connection with the rendering of any such medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If more than one-person signs this consent form, all references to the singular shall include the plural, jointly and severally.

**Attach a photocopy of both the FRONT and BACK of your **INSURANCE CARD** to this form.**

**No child will be able to attend events without a completed consent form.**

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## Fees & Information

Group	SOJC Member Dues by August 5	SOJC Member Dues After August 5	TBS Member Dues	Non SOJC Member Dues
Kadima (Grades 6-8)	\$70.00	\$85.00	\$95.00	\$136.00
USY (Grades 9-12)	\$80.00	\$95.00	\$95.00	\$136.00

Dues do not roll over to the following year. The year runs from July to June.

You must be a paid member of the SOJC Youth Department to attend any program.

All checks are payable to Southwest Orlando Jewish Congregation unless otherwise stated on a flyer or application. Due to the amount of pre-planning involved, there will be no refunds made for cancellations. Please adhere to deadlines. All moneys can be turned in either to the Youth Department or to the SOJC Office. Payment for programs will not be accepted without the appropriate permission paperwork. When mailing payment, please direct payment to the Youth Department and allow enough time for delivery. In order to run for a Kadima or USY Board position, the youth's family must be a member of SOJC or TBS in good standing for both the year prior to and the year the Board position is held. All members receive a chapter T-Shirt with membership.

Membership does not include the following:

- All programs and activities
- Meals at programs / activities (unless otherwise stated on a flyer)
- Conventions, dances and other sub-regional and regional activities

What's it all about?

The SOJC Youth Department consists of two groups that meet through out the school year. Our programming is varied and includes Social, Social Action / Community Service, Tikun Olam, Religious Education, Sports and Activities. In addition, we attend conventions, dances, and other programs with youth from the Southeast Region.

*Kadima* is for youth in grades six through eight. *USY* is for youth in grades nine through twelve. Meetings will vary according to the published calendar. In addition, we attend conventions, dances, and other events. We will also have fundraisers to defray the cost of programs.

# Code of Conduct

Please read everything on this page very carefully and then sign the bottom. Please remember that both the parent and the child must sign this form in order for any child to be a member.

## Section 1 – Behavior

1. Possession of drugs, alcohol, and cigarettes is not permitted at any Youth Department program.
2. Kashrut must be observed during all events and programs.
3. No one is permitted to leave any SOJC Youth Department program prior to its scheduled end without written parental permission turned into the Youth Director prior to the program.
  - a. If there is anyone with whom your child should not leave, please notify the Youth Department.
4. When attending a Youth Department program, we expect our members to respect each other and the Youth Department Staff.
  - a. Disrespect of your peers and leaders as well as other forms of unacceptable behavior will not be tolerated.
5. Vandalism of any kind will not be tolerated. Parents will be responsible for damages.
6. Stealing of any kind will not be tolerated.
7. Members are expected to maintain a positive attitude while at Youth Department events.
8. Cell phone usage is discouraged at programs.

*Any violation of the above section could result in the removal of your child from the program and may jeopardize your child's ability to attend any future programs. If this occurs, there will be NO REFUNDS!*

## Section 2 – Sub-Regional, Regional and International Programs

In order for a Kadima or USY member to attend Disney/Universal Day, USY International Convention, Kadima or USY Sub-Regional Conventions, or USY Regional Convention, he or she must meet the following guidelines:

1. Attend at least one other event
2. Be a paid-up member of the Youth Department
3. Have up-to-date emergency contact information on file

We reserve the right to not accept applications if the above guidelines are not met.

## Section 3 – Payment

Payment for activities must be received by or before the deadline set for the particular program. The Youth Department reserves the right to refuse registration after the deadline. If the program can only accommodate a certain number of participants, the Youth Department will accept the first ones to register with payment and completed application.

I have read the above guidelines and agree to follow them. In addition, I understand the consequences for not following the above guidelines.

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Youth's Name (please print)

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Adult's Name (please print)

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Youth's Signature / Date

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Adult's Signature / Date