



South Area USY (SAUSY)

Ahavath Torah Congregation

Temple Beth Emunah

B'nai Tikvah Jewish Congregation
of the South Shore

South Area USY (SAUSY) 2019 / 2020

Ahavath Torah Congregation

Temple Beth Emunah

B'nai Tikvah Jewish Congregation of the South Shore

Please Circle One:

Temple Member

Non-Member

Kadima

\$ 35.00

\$40 .00

Grade 3-5

Junior USY

\$ 40.00

\$45.00

Grades 6-8

Senior USY

\$ 40.00

\$45.00

Grades 9-12

Please make checks payable to "SAUSY"

PARTICIPANT INFORMATION:

NAME: _____ GRADE: ____ BIRTHDAY: ____ / ____ / ____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

PREFERRED METHOD OF CONTACT: HOME PHONE [] MOBILE PHONE [] EMAIL []

FAMILY / GUARDIAN INFORMATION:

PARENT / GUARDIAN NAME: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

PREFERRED METHOD OF CONTACT: HOME PHONE [] MOBILE PHONE [] EMAIL []

MEDICAL INFORMATION:

DOCTOR'S NAME: _____ PHONE: _____

ALLERGIES: _____ MEDICATIONS: _____

DIETARY RESTRICTIONS: _____

EMERGENCY CONTACT (IF NOT LISTED ABOVE)

RELATIONSHIP: _____

NAME: _____ PHONE: _____

ARE YOU ABLE TO: CARPOOL TO EVENT LOCATION { } FROM EVENT { } BOTH { } CHAPERONE { }

**USY Membership
Application
2019 / 2020**

**PARENT / GUARDIAN PERMISSION AND PARTICIPANT
FIELD TRIP PERMISSION AND RELEASE**

Let it be known that from here forward **[USY]** shall refer to the collaborative USY group between Ahavath Torah Congregation, Temple Beth Emunah, and B'nai Tikvah Jewish Congregation of the South Shore.

I, _____, parent / guardian of _____,

Give permission to the advisors and/or representatives and volunteers of **[USY]** to authorize emergency medical treatment for the above named **[USY]** applicant. This permission shall be in effect during any scheduled group activity during the 2019 – 2020 session, from today until June 30, 2020.

Any actions considered improper, including but not limited to, violation of **HaNer USY** behavior policy, federal, state, and local laws, “send-home able” offenses including – the use or possession of alcohol, drugs, tobacco products, weapons, or the display of unacceptable behavior will be cause for immediate removal from an activity. If one does, I accept responsibility for the applicant’s actions and I will be required to pick up my applicant immediately. Further action by the **[USY]** advisors and/or representatives and volunteers may be necessary.

I give the above-named applicant permission to participate in activities throughout the 2019 - 2020 session. In the event of an apparent or real emergency in which medical treatment or hospitalization of my applicant may be necessary, after effort to contact me at the preferred method(s) listed on this application form, the undersigned parent / guardian does hereby authorize and appoint **[USY]**, through its agents, to obtain any medical treatment or hospitalization of the named applicant above as they believe necessary and proper for the immediate care and welfare of said applicant. I further authorize and direct any medical care provider to render any and all treatment believed necessary and proper for the immediate care and welfare of the named applicant and the undersigned agrees to pay for such medical treatment and expenses as may be incurred.

I further agree to hold **[USY]**, and its agents, representatives and employees, from all claims, damages, or other liabilities for injuries to my applicant, which are not the result of gross negligence, intentional neglect, or willful and wanton conduct by **[USY]**, or its agents, representatives or employees.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

USY ANTI-BULLYING STATEMENT

Ahavath Torah Congregation, Temple Beth Emunah, and B'nai Tikvah Jewish Congregation
of the South Shore.

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, Facebooking, 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 USY is accepting 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 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 measure to make USY a safe and bully-free environment for all of our USYers.

Print Name: _____
USYer

Signature: _____
USYer

Date: _____

Print Name: _____
Parent/Guardian

Signature: _____
Parent/Guardian

Date: _____

**USY Membership
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2019/2020**

PARENT / GUARDIAN PHOTOGRAPHY RELEASE FORM

**Ahavath Torah Congregation, Temple Beth Emunah, and
B'nai Tikvah Jewish Congregation of the South Shore.**

I, _____, the parent or legal guardian of _____, hereby authorize the Massachusetts South Area Chapter of United Synagogue Youth ("Chapter") to publish photographs, videos and other printed or electronic images of _____ on and in the Chapter's websites, emails, bulletins, flyers, advertisements and other printed or electronic media, expecting no compensation in return.

I further do not authorize the Chapter to use _____'s name in any such publications.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____