

Youth Group Application Form

*Temple Shalom Emeth
14-16 Lexington St.
Burlington, MA 01803*

School Year: 2008 – 2009

Participant’s Name: _____ Birth Date: _____ Gender: _____

Name of Parent / Guardian: _____

Address: _____ School Grade: _____

_____ Home Phone: _____

e-mail address: _____ Cell Phone: _____

Emergency contact: _____ Phone: _____

Note: communication regarding youth group events will normally be done by email. *Please list an email that you check on a regular basis.*

“I hereby grant permission for my child _____ to be a member of Temple Shalom Emeth Youth Group and to participate in activities arranged by the Youth Group Committee and Advisor in this regard from time to time. This will serve to release of Temple Shalom Emeth and all of its personnel, employees and representatives from liability in case of accident or injury resulting from all causes in connection with such membership including outings, field trips or other activities which necessitate travel away from Temple Shalom Emeth, except for those involving gross negligence or intentional misconduct on the part of such personnel, employees and representatives. “

“In granting this permission and release, I specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I specifically release and will hold harmless Temple Shalom Emeth, their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Temple Shalom Emeth.”

Signature of Participant Date

Signature of Parent / Guardian Date

Enclosed is my check for ___ \$40.00 Temple Member ___ \$60.00 Nonmember.

If Non-Temple Shalom Emeth Member, Your Temple affiliation: _____

Participation of parents is essential for us to have a successful year. Please indicate how you would like to help:

- drive to/from an event _____ # of passengers you can fit in your car
- chaperone at an event

Signature of Parent / Guardian Date

- Please be sure to return all forms with payment:
- ✓ Youth Group Application Form
 - ✓ Health Form
 - ✓ Code Of conduct and Master Permission Form

Youth Group Participant Health Form

*Temple Shalom Emeth
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School Year: 2008 – 2009

Participant's Name: _____ Birth Date: _____ Gender: _____

Name of Parent / Guardian: _____

Address: _____

Day Phone: _____ Night Phone: _____

Doctor's Name _____

Address _____ Zip _____ Phone _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable) _____

Name of emergency contact: _____ Relationship _____

Address _____ Zip _____ Day Phone _____ Eve Phone _____

Does this participant have any physical or emotional conditions of which the youth group advisor should be aware?

Restrictions on activities: _____

Regularly prescribed medications: _____

Date of most recent tetanus booster? _____

Allergies to drugs? _____

Allergies to food or special diet? _____

Allergies, other? _____

Parent's Authorization:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above.

The following authorization empowers the staff of Temple Shalom Emeth Youth Group to take whatever steps they deem necessary to insure the well being of your child should a medical emergency occur during a youth group meeting/activity. Every attempt will be made to contact the parent or emergency contact provided.

I, _____ do hereby authorize Temple Shalom Emeth Youth Group to take necessary emergency measures in the treatment of my son/daughter _____ if needed. My son/daughter is in good physical health and does not have any disabilities which may be aggravated except as noted on this form. I release Temple Shalom Emeth and its agents from all responsibilities other than supervised, scheduled activities. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by Temple Shalom Emeth to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian Date

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Code of Conduct:
Events of Temple Shalom Emeth Youth Group
School Year 2008-2009

1. Possession and use of any drug, marijuana, tobacco, or alcohol is strictly forbidden. Violations will result in immediate dismissal from the event.
2. Attendance at all aspects of an event is mandatory.
3. No participant in any event may exit prematurely or fail to attend any part of an event without the express consent of their parent and the acknowledgement of the advisor. No participant may leave the grounds of the temple or event without the express permission of the advisor.
4. Any rules announced by the advisor/leadership of the event are to be observed as if they were written rules.
5. All local state and federal laws shall be in force.
6. No foul language or disruptive behavior (as determined by the advisor) will be tolerated.
7. At all times during an event, participants are expected to show respect and courtesy to advisors, chaperones and all other Temple Shalom Emeth Youth Group participants.

The participant's parents will be notified immediately if any of the rules are broken. Anyone who does not follow these rules will not be allowed to participate in future events and risks dismissal from the Temple Shalom Emeth Youth Group. I understand the above outlined **Code of Conduct: Events of Temple Shalom Emeth Youth Group** and agree to follow such Code.

Signature of Youth Group Participant Date

Signature of Parent / Guardian Date

MASTER PERMISSION SLIP

This permission slip is to cover all field trips that your child will attend this year. Parents will be notified in advance of the dates and destinations of all trips.

_____ has permission to go on all Temple Shalom Emeth Youth Groups for the 2008-2009 school year.
Participant's Name

Signature of Parent / Guardian Date