

**Woodbury Jewish Center  
Youth Department  
2012-2013 Registration Form**



**Member Information**

Name: \_\_\_\_\_

Pre-Kadima (grade 4&5) \_\_\_\_\_ Kadima (grades 6-8) \_\_\_\_\_ USY (grades 9-12) \_\_\_\_\_

Grade (as of Sept 2012): \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age (as of Sept 2012): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ School \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Over the year we will be sending out emails with information, deadlines and news about upcoming events. In addition to providing us with your email and address, please provide us with your parent's email address(es) that are checked on a regular basis.

**Parental/ Guardian Contact Info**

**Parent #1 Contact Info**

Parent Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Interested in chaperoning? YES or NO

**Parent #2 Contact Info**

Parent Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Interested in chaperoning? YES or NO

**Dues** - Checks should be made payable to "Woodbury Jewish Center" (memo: "Youth Dept Dues")

	<b>USY</b>	<b>Pre-Kadima/ Kadima</b> (includes weekly pizza lunch)
<b>I am a member of the WJC:</b>	\$55	\$155
<b>I am not a member:</b>	\$85	\$170



## MEDICAL HISTORY

**\* This form is REQUIRED and MUST be completed with accurate information \***

List any allergies to foods, drugs, plants, insects, etc...

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Are you taking any medications, if so what and for what purpose:

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Explain all other medical conditions or problems we should be aware of:

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Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Emergency Cell #: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_



## Parental Consent, Agreements, and Code of Conduct

I the undersigned, parent/guardian of \_\_\_\_\_ authorize the Woodbury Jewish Center to act as my agent, consenting to any medical treatment or hospital care deemed advisable by any medical professional, in the event of an emergency when I cannot be reached. The Woodbury Jewish Center, its officers, staff, or agents will in no event be held liable.

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

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I give my permission for my child's participation in all trips outside the WJC.

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

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The WJC can use of photographs of my child for publicity of the WJC, including on the Internet.

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

## Woodbury Youth Group Code of Conduct

1. Kashrut will be observed at all youth group events.
2. Participants are expected to conduct themselves in an appropriate manner.
3. Participants must follow the directions of the staff and chaperones.
4. No one may leave the premises of an event without approval of the Youth Director regardless of prior permission of the parent/guardian.
5. Possession or use of any weapons, alcohol, tobacco products, and/or illegal drugs is not permitted at a youth group event, and will result in being sent home at the participant's expense.
6. Violation of any civil or criminal law will result in the participant being sent home at the parents' expense.
7. Inappropriate or unwelcome physical contact is not permitted and may result in parental notification.
8. Participants are to treat others with respect and kindness, creating a "safe space" and positive youth group culture. Behaviors of disrespect and unkindness will result in parental notification, and if the behavior is chronic, the participant will be asked to leave youth group.

I understand that I/my child must conform to the code of conduct. Violators of this code will be subject to disciplinary consequences, including, but not limited to, being sent home at parental expense, payment for damages caused, and suspension from future youth group events. The Youth Director reserves the right to enforce these sanctions.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

