

## Membership Application Congregation Youth Programs

**\*\*Please fill out one form per participant\*\***

### Participant Information

**Full Name:** \_\_\_\_\_  
Last First Middle Initial

Male

Female

**Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip Code

**Birthday:** \_\_\_\_\_ **Grade (entering):** \_\_\_\_\_ **School:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

What is your preferred modes of communication (check those that apply and rank, if possible):

Cell Phone       Home Phone       Text Message       Email       Facebook

Check here if you prefer **NOT** to receive text messages from AAUSY.

### Parent/Legal Guardian Information

**Name #1:** \_\_\_\_\_  
Last First

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_  Check if interested in  
volunteering

**Name #2:** \_\_\_\_\_  
Last First

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_  Check if interested in  
volunteering

**Emergency Information**

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

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Relationship to Member:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Policy/Group#:** \_\_\_\_\_

My child is **not** covered by Health Insurance.

I hereby give my child permission to participate in the 2013-2014 Youth Department program at Congregation Agudas Achim , and to the Regional Level. In the event of an emergency, surgical or otherwise, and I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Congregation Agudas Achim to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measure which he/she feels to be in the best interest of my child.

**If this next part is NOT filled out, you may assume that the minor has no medical disabilities, allergies or any limitation of any kind whatsoever that might in any way limit participation at any scheduled activity.**

**Allergies, Medical Conditions:** \_\_\_\_\_

**Parent Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Congregation Agudas Achim - USY and Kadima Code of Conduct

Over the years, we have learned that kids feel best about themselves and others when they participate in well-planned programs with clear expectations. To provide the best program, we have established a Code of Conduct, which we believe, promotes clear Jewish values, self-esteem and community.

We ask that both the youth member and a parent/guardian read and sign this code:

1. Possession of drugs, alcohol, cigarettes and weapons and the use of foul or inappropriate language are not permitted at any CAA Youth function.
2. Kashrut will be observed at all synagogue youth events. If an event is held outside of the synagogue, all food must be dairy or parve.
3. No participant may leave a program without parental permission.
4. USY and Kadima participants and their parents will be held responsible for any damages to or losses of, personal or synagogue property caused by their child(ren).
5. Payments for activities must be received before or on the deadline for each program. No "loans" may be floated for any family for any reason. (Example: Registration for various conventions will NOT be accepted without payment.)
6. The Advisors reserve the right to remove a participant for any program including conventions for inappropriate behavior.

The Youth Department of Congregation Agudas Achim reserves the right to remove a youth member from current and future programs if any of the above are not followed. If a youth member is asked to leave, there will be no refund. Additionally, parents will be fully responsible for any additional transportation costs associated with getting their child home immediately.

**Member's Name:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If completing this electronically:

By checking this box, I confirm that I have read the Code and will abide by it at all times.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If completing this electronically:

By checking this box, I confirm that I have read the Code and will abide by it at all times.

**Please send forms (separate for each youth member) along with a \$36 check made out to Congregation Agudas Achim (with Kadima or AAUSY in the memo line) to:**

Congregation Agudas Achim  
Attn; Rebecca Hellmann  
7300 Hart Lane  
Austin, TX 78731