

Congregation Shomrei Torah Youth Department
USY(United Synagogue Youth) and Kadima Membership & Release Form 2011-2012

Annual Membership Dues:

Grades 9th-12th (USY): Congregation Shomrei Torah Members: **\$40** Non-Congregation Shomrei Torah Members: **\$60**
Grades 6th-8th (Kadima): Congregation Shomrei Torah Members: **\$30** Non-Congregation Shomrei Torah Members: **\$50**

Student Information:

Name _____ Home Phone#: () _____ Cell Phone#: () _____
Email Address: _____ School _____
Address _____ City _____ State _____ Zip _____
Birth Date ____/____/____ Grade _____ M/F _____ Student's T-shirt size: S M L XL

Parent Information:

Parent(s) Name(s): _____ Congregation Shomrei Torah Synagogue Member(s): Yes ___ No* ___
Parent (Mother/Father) Day Time# () _____ Cell Phone # () _____ Email Address: _____
Parent (Mother/Father) Day Time # () _____ Cell Phone # () _____ Email Address: _____

Emergency Contact Information:

In case of an emergency, if parent(s) cannot be reached, please provide names of two Emergency Contacts who should be contacted:

Name _____ Cell Phone #: () _____ Relationship to student _____
Name _____ Cell Phone #: () _____ Relationship to student _____
Physician to be called in case of emergency: _____ Phone # () _____ Ext.# _____
Health Insurance Company _____ Policy # _____

If parents, emergency contacts or physician cannot be contacted, our Youth Department staff will arrange for emergency treatment. Our Youth Department staff will utilize services and closest hospital emergency room. Is this acceptable to you?

Yes ___ No ___ Signature of Parent / Legal Guardian _____ Please print name:

Release and Consent

Parent:

I give permission for my child to participate in all USY/Kadima events both at the synagogue and on trips for the 2011-2012 program year and release Congregation Shomrei Torah and its representatives from any liability. I acknowledge that my child must follow all the rules set forth by the Congregation Shomrei Torah Youth Department/Commission in coordination with the guidelines specified by the United Synagogue Youth.

Signature of Parent / Legal Guardian _____ Date _____

Student:

“I understand that I will follow all the rules set by USY/Kadima and Congregation Shomrei Torah.”

Signature of Student _____ Date _____

Please return completed and signed form with appropriate membership dues to:

Congregation Shomrei Torah, 4858 Kerry Forest Parkway, Tallahassee, FL 32308

For more information: USY Youth Advisors, Alana Geboff and Rebecca Geboff ~ Youth@ShomreiTorahonline.org (850)893 - 9674

***Non Members of Congregation Shomrei Torah:** Please fill out the information below.

Thank you in advance for helping us to get to know you better.

Student's Full Hebrew Name: _____ (i.e. דוד בן רחל ושלומו — *David ben [son of] Rachel v' Shlomo*)

Full Hebrew Name of Student's Parent (Mother/Father): _____

Full Hebrew Name of Student's Parent (Mother/Father): _____

Are you a member of a synagogue? _____ If yes, which synagogue? _____