

Temple Solel Youth Group Form

2019-2020

Participants Information

First Name: _____ Last Name: _____ Grade: _____ School: _____

Email: _____ Cell Phone: _____

Address: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

How to be contacted about future events: _____

Transportation Form For Drivers

To ensure the safety and well being of all members attending a youth event, we must have proof of insurance as well as the following information on file at the temple:

1. You must possess a current driver's license (high school aged drivers must provide a copy of their current driver's license and record of convictions).

State License Number: _____ Expiration Date: _____

2. Name of Insurance Company: _____

Effective Dates: _____

*Exact amount of Bodily Injury Coverage (Must have a minimum of \$100,000/\$300,000) \$ _____

*Exact amount of Personal Property Coverage (Must have a minimum of \$50,000) \$ _____

3. Your vehicle must be well maintained with all safety equipment in working order.

Number Of Seat Belts: _____

4. Vehicle Make: _____ License #: _____

I understand the above requirements and will serve as a youth group driver.

Signature: _____ Phone: _____ Date: _____

TRIP SLIP

I give my permission for _____ to go to all scheduled activities with Temple Solel's Youth Groups. The specified Temple Solel Youth Group adviser will supervise all events. I understand Temple Solel will provide qualified drivers with adequate insurance coverage and assure my child will wear a seat belt.

Signature of Parent/Guardian _____ Date: _____

EMERGENCY MEDICAL FORM

Child's Name: _____ Birthdate: _____

Parents' Names: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____

Parent 1 Cell Phone: _____ Parent 1 Work Phone: _____

Parent 2 Cell Phone: _____ Parent 2 Work Phone: _____

In The Event Of An Emergency, When I Am Not Available, Please Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Attending Physician: _____ Phone: _____

I Hereby Authorize Temple Solel To Obtain Necessary Emergency Care For My Child.

Signature Of Parent/Guardian _____ Date _____

Does your child have any known allergies? _____

Please explain: _____

Does your child have any known illness or condition? _____

Please explain: _____

Is your child under any medical restrictions? (sports, dancing, field trips, handicaps, etc.?) _____

Please explain: _____

Is there any medication your child must take during the day? Yes*__ No __

Please explain: _____

*a separate release form needs to be completed before the youth group advisor can administer any medications

Please share with us any special needs your child may have (i.e. Shyness, separation anxiety, etc.)

If a change in your child's health should occur during the school year affecting the above information, please notify the youth group director.

Signature of parent/guardian: _____ Date: _____

AUTHORIZATION AND CONSENT TO TREAT A MINOR

In consideration of special benefits of the special activities afforded by Temple Solel, I hereby permit said child to participate in Temple Solel's Youth Program. I hereby release the said Temple and its participating member and employees from any liability whatever to the undersigned resulting from, or in any manner arising out of any injury or damage which may be sustained by the said child on account of his/her participation in said activity, or in the transportation connection therewith.

I further agree that in case any action is brought against Temple Solel, their participating members or employees, for or on behalf of the aforementioned child or on account of any injury during his/her participation in the above-mentioned activities, I will indemnify them and hold them harmless from any judgment recovered in any such action over and above the amount of said liability insurance.

I/We the undersigned parent(s)/guardian(s) of DO HEREBY AUTHORIZE Temple Solel as agent(s) for the above signed to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of my/our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable, pursuant to the provision of Section 25.8 of the Civil Code of California.

I/We hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above name agent(s) upon the completion of treatment. This authorization is given pursuant to the Section 1283 of the Health and Safety Code of California. I/We also release Temple Solel and their representatives from all responsibilities of mishaps which may befall the above-named individual. I/We certify that the above-named individual(s) is physically able to participate in Temple Solel's Youth Program and release Temple Solel and their representatives from any and all liabilities whatsoever which may arise from his/her participation in the Youth Program of Temple Solel.

It is my further understanding that the above-named individual will observe all the rules and regulations as stated by the Youth Director of Temple Solel and his authorized representatives.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FROM AUGUST 15, 2019 - AUGUST 31, 2020

Parent 1 Signature: _____

Phone: _____

Parent 2 Signature: _____

Phone: _____

Legal Guardian's Signature: _____

Phone: _____

TEMPLE SOLEL YOUTH PROGRAM CODE OF CONDUCT

Code of Conduct:

- I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
- I will not possess, use, or distribute any illegal drug or drug paraphernalia.
- I will not smoke or consume or distribute tobacco products at any time during events.
- I will participate fully and remain in the designated zones for the entire event unless otherwise agreed upon by the youth director(s).
- I will not bring or use a weapon, firearm, or anything that could be used as a weapon.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership or Temple staff will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed except for fundraisers agreed upon by the adult leadership.
- I will not engage in any activities that can be deemed as hazing, sexually harassing, demeaning, or hurtful.
- I agree to refrain from inappropriate sexual behavior.
- I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.
- By agreeing to these rules, I accept the following consequences. Anything undefined or unclear is up to the discretion of the Temple Sole staff. I agree to these codes of conduct when I am attending any Temple organized event, URJ event, or any NFTY event.

Consequences:

1st Offense: Immediate suspension from event plus suspension from the next event of that type of event. If the next event is the elections event for that youth group, they are unable to run.

2nd Offense: Same as first offense and cannot return until after a meeting with student, parent and staff.

3rd Offense: Immediate suspension until professional help is received and return to events will be up to the discretion of Temple Solel Staff.

For leadership position holders and/or Kavannah members:

Same as above plus a one-year suspension from leadership or running for board from time of infraction.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____