

USY MEMBERSHIP APPLICATION

USY MEMBER INFORMATION

Name _____
Last First Hebrew

Address _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Cell Phone _____ E-mail _____
Print Clearly

Birth date _____ Grade _____ School _____

PARENT INFORMATION

Parent 1: Name _____
Last First

Cell Phone _____ E-mail _____

Synagogue Affiliation _____

Parent 1: Name _____
Last First

Cell Phone _____ E-mail _____

Synagogue Affiliation _____

DUES / DONATIONS

- \$85 Membership Dues
- \$_____ donation to enable all members to attend regional and other programs by subsidizing those in need of assistance
- Check for _____ attached made payable to Mosaic Law Congregation
- Bill Member Account

EMERGENCY INFORMATION FORM

USYer Last Name	First Name
Birthdate	Grade
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
Primary address with city and ZIP code	
Secondary address with city and ZIP code	
Parent/ Guardian 1 Last Name	First Name
Primary phone	Alternate phone
Email address	
Parent/ Guardian 2 Last Name	First Name
Authorized Additional Emergency Contact 1 Last Name	First Name
Phone number	Relationship to USY'er
Authorized Additional Emergency Contact 2 Last Name	First Name
Phone number	Relationship to USY'er
<p style="text-align: center;">Authorization for Emergency Medical Treatment</p> <p>The undersigned, as parent/guardian of USY'er, hereby authorizes the USY Advisor or designee in whose care the USY'er has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care to be rendered upon advice of any licensed physician and/or dentist. It is understood that this authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to Mosaic Law Congregation. I understand that Mosaic aw Congregation, its officers, and its employees assume no liability of any nature in relation to the transportation of the USY'er. I further understand that all costs of paramedic transportation, hospitalization, or any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as parent/guardian.</p>	
Physician	Phone
Dentist	Phone

USY ANTI-BULLYING STATEMENT

No matter whether we ourselves have committed the act of bullying, witnessed bullying, or been the victim of bullying in the past, we adamantly believe that bullying is not justified in any circumstances. This includes physical bullying, verbal bullying, bullying by relationship, and bullying by means of technology including but not limited to texting, social media posting, and emailing. In the Torah it says to love your neighbor as you love yourself. As a group of young Jewish leaders, we have the unique opportunity to heed these words of Torah, serving as role models and examples of right behavior for our friends, peers, and community.

We support this anti-bullying statement, and agree to make USY a safe place for all who attend:

We agree that USY is accepting of all Jewish children and teens, no matter their shape or size, no matter their color or appearance, no matter their sexual preference or identification, no matter their socio-economic or political status. We stand together as a chapter, in accordance with Jewish law, to say that all individuals are of value and worthy of respect, and will be treated as such. Every member of USY deserves to be able to enjoy USY as a safe, secure, and welcoming environment, free from intimidation, threat, harassment, or harm from any other person. We will take every measure necessary to maintain an open and bully-free environment for all USY'ers.

Print name USYer

Signature USYer

Date

Print Name Parent

Signature Parent

Date

PARENT/GUARDIAN PHOTO/MEDIA RELEASE FORM

I, _____, the parent or legal guardian of

_____, hereby authorize both Mosaic Law
Congregation and the New Frontier chapter of United Synagogue Youth (USY) to
publish photographs, videos, and/or other printed or electronic images of

_____ on and in the chapter's websites, emails,
bulletins, flyers, advertisements, and/or other printed or electronic media, expecting no
compensation in return. I further _____do _____do not authorize the chapter

to use _____'s name in any such publications.

Print Parent Name

Parent Signature

Date