



# Temple Israel

50 S. Moss Road Winter Springs, FL 32708  
Phone: 407-647-3055 Fax: 407-647-8542  
www.tiflorida.org

## **USY/KADIMA**

### 5769-5770 Application

USY Fees: **\$22** = (International: \$15 + Regional dues: \$7)

Kadima Fees: **\$11** = (International: \$6 + Regional dues: \$5)

(Please Print In Ink)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip Code

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Mothers Name \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

When was/will be your bar/bat mitzvah \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you read Hebrew: Yes or No

I am interested in: Sports \_\_\_\_ Arts & Crafts \_\_\_\_ Dance/Theater \_\_\_\_ Cooking \_\_\_\_ Movies \_\_\_\_

Outdoor activities \_\_\_\_ Other: \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

*Parent/Guardian please fill out the information below:*

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in programs sponsored by Temple Israel.

I am interested in assisting with the following:

Chaperoning: \_\_\_\_ Driving: \_\_\_\_ Cooking: \_\_\_\_ Youth Committee: \_\_\_\_ Other: \_\_\_\_

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

## Authorization For Emergency Medical Treatment

I/We, (name) \_\_\_\_\_ of (address) \_\_\_\_\_,  
parent(s) or legal guardian(s) of (child's name) \_\_\_\_\_, a minor of  
(address) \_\_\_\_\_ whom is a member of the Temple Israel,  
USY/Kadima, hereby give my/our authorization and consent, in the event all reasonable attempts to contact  
me/us at (all Tel # 's) \_\_\_\_\_ have been unsuccessful for the  
Temple Israel USY/Kadima program advisor to authorize:

(1) The administration to the minor child of any treatment, emergency, or otherwise, deemed  
necessary by (physician) Dr. \_\_\_\_\_ at (address & Tel)  
\_\_\_\_\_ or (dentist) Dr. \_\_\_\_\_ at (address & Tel)  
\_\_\_\_\_, in the event the appropriate preferred practitioner is not available or  
if it would be impractical to contact such preferred practitioner, by another licensed physician or dentist; and

(2) The transfer of the minor child to (hospital) \_\_\_\_\_ or any hospital  
reasonable accessible under the circumstances.

This authorization does not cover major surgery unless the medical options of two licensed physicians or  
dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Third parties who act in reliance upon the authority by this Authorization For Emergency Medical Treatment  
will be held harmless by me from any loss suffered or liability incurred as a result of actions taken in reliance  
upon the Authorization For Emergency Medical Treatment.

A Medical Provider is not liable for any acts or decisions made in good faith and under the terms of the  
Authorization for Emergency Medical Treatment.

### *Additional Information:*

Any hospital or practitioner not having access to the minor child's medical history may need the following  
information:

Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Medication: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Other pertinent facts to which physician should be alerted:  
\_\_\_\_\_  
\_\_\_\_\_

I/We do hereby forever release, acquit, discharge, and covenant to hold harmless Temple Israel,  
USY/Kadima, and their responsible officials, employees, agents, staff, and advisors, and their respective  
successors and assigns, of and from any and all actions, causes of actions, claims and demands for, upon or  
by reason of any injury or damages resulting from said medical treatment or the authorization thereof: and  
also all claims or rights for damages which the minor has or may hereafter have, either before or after he/she  
has reached his/her majority, resulting from said medical treatment or the authorization thereof.

I/We further state that I/We have carefully read the foregoing and understand the contents thereof.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

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

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

**TRANSPORTATION TO AND FROM USY/KADIMA FUNCTIONS**

**- AS A PASSENGER -**

**PARENT AUTHORIZATION AND RELEASE**

*Please fill out the entire form below in ink*

The undersigned parent(s) or guardian(s) hereby grant permission for

\_\_\_\_\_  
USY/KADIMA Members Name

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

Phone number: \_\_\_\_\_

Birth date: \_\_\_\_\_

To be transported by advisors, parents or other adults (over 18 years of age) to and from all youth group functions.

I/We, for ourselves and our spouses, do hereby agree to release and absolve Temple Israel, USY/KADIMA, and their officers, directors, agents, servants, employees, an volunteers from all causes of action, claims or liabilities from any personal injury to the above named USY/KADIMA member or from damage or loss of the USY/KADIMA member' personal property which arises from or are incident to transportation by such above named USY/KADIMA member by an advisor, parent or other alternate adult whether cause by the negligent acts of Temple Israel, USY/KADIMA, or their officers, directors, agent servants, employees, volunteers, or otherwise.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Parent or Guardian signature

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

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