



Temple Israel

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

USY/KADIMA

5771-5772 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) _____ or, 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: _____