

**Temple Chayai Shalom**

239 Depot Street, South Easton, MA 02375  
(508) 238-6385 •tecsy5778@gmail.com

Member Name: \_\_\_\_\_ Grade \_\_\_\_\_ (School) \_\_\_\_\_  
Member Email: \_\_\_\_\_ Member Cell Phone: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Member Social Media:  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Instagram: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_  
Parent 1/Guardian Cell Phone: ( ) \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_  
Parent 2/Guardian Name: \_\_\_\_\_  
Parent 2/Guardian Cell Phone: ( ) \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

I (parent/guardian) would you like to be contacted by text messaging for all upcoming Youth Group events?(please highlight your answer)  YES  NO

I give my son/daughter, \_\_\_\_\_, permission to ride with another licensed TeCSY member, who has permission from the youth advisor, to or from any TeCSY activity during the 2018 – 2019 school year. The youth advisor will be sure that all drivers have turned in the information above and have a valid Massachusetts Driver’s license. I understand that the TeCSY director will have a copy of that driver’s license and records on file and will use her discretion when designating drivers. I agree to hold Temple Chayai Shalom free of any liability.

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

**EMERGENCY MEDICAL FORM**

CHILD’S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
PARENTS’/GUARDIANS NAMES: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ CITY, ZIP \_\_\_\_\_  
PARENT/GUARDIAN 1 WORK PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
PARENT 2/GUARDIAN WORK PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
IN THE EVENT OF AN EMERGENCY, WHEN I AM NOT AVAILABLE, PLEASE CONTACT:  
NAME: \_\_\_\_\_ HOME: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ NAME: \_\_\_\_\_  
HOME: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_  
ATTENDING PHYSICIAN: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
I HEREBY AUTHORIZE TEMPLE CHAYAI SHALOM TO OBTAIN NECESSARY EMERGENCY CARE FOR MY CHILD  
SIGNATURE OF PARENT/GUARDIAN  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? YES \_\_\_ NO \_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY KNOWN ILLNESS OR CONDITION? YES \_\_\_ NO \_\_\_ PLEASE

EXPLAIN: \_\_\_\_\_

IS YOUR CHILD UNDER ANY MEDICAL RESTRICTIONS? YES \_\_\_ NO \_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

IS THERE ANY MEDICATION YOUR CHILD MUST TAKE DURING THE DAY?

YES \_\_\_ NO \_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

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, Barbara Methelis at youth@templechayaishalom.org

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

**Photo Release Permission:**

As a parent or guardian of this TeCSY member, I hereby consent to the use of photographs/videotape taken during TeCSY events and activities during the course of the 2018-2019 year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_ Yes, I give consent for Temple Chayai Shalom TeCSY youth group to photograph my child for any event.

\_\_\_ No, I do not authorize Temple Chayai Shalom TeCSY youth group to photograph my child for any event.

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

Student's Name: \_\_\_\_\_

## TeCSY Activities Authorization

**Please read and sign the following statement:**

I hereby grant permission to my child \_\_\_\_\_ to be a member or guest of TeCSY and to participate in activities arranged for TeCSY. This will serve to release

Temple Chayai Shalom of Easton, MA and all of its personnel, employees, agents, and representatives from liability in case of accident or injury resulting from all causes in connection with such membership, including, but not limited to outings, field trips, or other activities which necessitate travel away from the temple, which I may authorize from time to time, except for those involving gross negligence or intentional misconduct on the part of such personnel, employees, agents and representatives. In granting this permission and release, I specifically recognize that my child from time to time may be transported to events by private vehicles operated by other youth group volunteers not as agents or employees or representatives. In such regard, I specifically release and hold harmless Sr. TeCSY, their officers, Temple Chayai Shalom, its employees, agents, and representatives from any and all liability which may arise as a result of such transportation whether or not organized by TeCSY. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the TeCSY advisor and/or chair(s) of the Youth Committee to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above.

Parent (Guardian) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TeCSY Policies:**

- 1) All youth group members must be Jewish, though they need not be members of Temple Chayai Shalom.
- 2) Many programs and events will be appropriate for bringing friends. If this is the case, non-Jewish friends are welcome as well. There may be a slightly higher fee for friends who are not TeCSY members. When guests attend programs away from temple, their parents will be required to fill out a permission form.
- 3) A youth group without strong parental support cannot succeed. We will be calling upon parents to drive, chaperon, or to support the group in other ways.

***B'RIT K'HILAH – Code of Conduct***

**I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat others with kavod (honor and respect) because we are created b'tzelem Elohim (in the image of God). I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature and that of my parent/guardian.**

- 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 the event.
- I will attend and participate fully in the events I attend at the local, regional, and national level.
- I will arrive on time, stay until the end, and remain on event premises at all times.
- I will not bring or use any weapons, firearms, or anything that may be construed as a weapon including toys.
- 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 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 approved by the adult leadership.
- I will abide by all event curfews announced by the leadership. After each regional or national event session, I will go directly to my cabin, hotel room, or host home and remain there until the next session.
- I understand that no guests are allowed at any event, unless the adult leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.
- I will not drive to, during, or from events, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the Youth Adviser. This includes driving to/from my home to meet NFTY's designated transportation.
- I will not participate in any activities that could 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.

**I understand that these rules of behavior apply from the time I leave home for any event, during the event itself, and until I return home after the event.**

**We understand that part of the NFTY experiences involve activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by this B'rit K'hilah—Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the TeCSY or NFTY Regional Advisor for violation could include immediate expulsion from the event, at the expense of the parent or guardian.**

**My signature, and the signature of my parent/guardian, on this form, affirm my agreement to the rules and policies of TeCSY, NFTY, Temple Chayai Shalom and this B'rit K'hilah.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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