



Membership Form

Far West Region's Chapter Award winning of "CHAPTER OF EXCELLENCE" 6-years-in-a-row!

Temple Aliyah United Youth Department
6025 Valley Circle Boulevard, Woodland Hills, CA 91367
818-346-3596 • avogel@templealiyah.org

Jews are often referred to as people of the book. Why do you think Judaism has so much reading and literature, and why have we embraced that name?

KADIMA: 4th - 6th grades...\$75.00 Temple Aliyah Family Member...\$125.00 non-members
JR Youth: 7th-8th grades...\$125.00 Temple Aliyah Family Members...\$175.00 non-members
SR Youth: 9th - 12th grades...\$125.00 Temple Aliyah Family Members...\$175.00 non-members

MAKE CHECK PAYABLE TO TEMPLE ALIYAH AND RETURN TO THE ACCOUNTING OFFICE

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ TEEN's CELL# \_\_\_\_\_

TEEN's E-MAIL \_\_\_\_\_
(write very, very clearly!!!)

Name of School attending \_\_\_\_\_

High School Graduation Year \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ MOTHER's CELL# \_\_\_\_\_

MOTHER's E-MAIL \_\_\_\_\_

MOTHER's OCCUPATION \_\_\_\_\_ MOTHER's WORK# \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ FATHER's CELL# \_\_\_\_\_

FATHER's E-MAIL \_\_\_\_\_

FATHER's OCCUPATION \_\_\_\_\_ FATHER's WORK# \_\_\_\_\_

EMERGENCY CONTACT & PHONE \_\_\_\_\_

Relationship to the Youth Participant: \_\_\_\_\_

**Parents, please read the following, complete the Medical Insurance information, and sign:**

I/We understand that if my child/teen is present at any KADIMA/USY event, that he/she is attending with my/our consent and permission to the Department of Youth Activities and its employees and agents to take my children on field trips and programs; and do hereby release its agents, officers, and employees from any and all liability arising from my/our child's/teen's participation. In case of accident/illness, the Youth Department representatives have my permission to obtain proper aid (hospitalization, x-ray, etc.) deemed necessary by a doctor and I/we agree to pay all expenses incurred. Every attempt will be made to reach the child's parents and/or doctor for any emergency arising.

**MEDICAL INSURANCE**

Our policy is that no one under the age of 18 may participate in our Program  
Without proof of Medical Insurance coverage, including company name, policy numbers, etc.

Medical Insurance Co: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Company's Phone# \_\_\_\_\_ Personal Physician Name \_\_\_\_\_ PHONE# \_\_\_\_\_

The information on this Form is accurate, complete, and all-inclusive, to the best of my knowledge. I understand the importance of keeping this information accurate and agree to contact the Temple Aliyah Youth Director prior to any Temple Aliyah program that my child/teen will attend if there is a change of any kind whatsoever in his/her medical condition.

**HEALTH HISTORY**

List all medications currently taken on a regular basis and reasons for taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain all other medical problems/conditions of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to food, drugs, plants, insects, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Image Policy**

The Temple Aliyah website, its print publications, marketing materials, visual displays, and social media are some of the tools to communicate with Temple Aliyah families, prospective families, and the larger Jewish community. To enhance this experience, we use photos and videos to show student involvement in various Temple Aliyah activities. On rare occasions, we will invite the local media to our campus to cover an event, and your child's picture may be taken and use for these, and the aforementioned, promotional purposes. At no time are any child's names associated with a photograph.

**TRANSPORTATION CONSENT**

I acknowledge and accept USY/KADIMA's policies to use licensed drivers over the age of 21 at all times. With full understanding of the policy and the risks involved, I give permission for \_\_\_\_\_ (my USYer/KADIMAnik) to ride in a properly insured vehicle driven by a licensed driver over the age of 21.

**MEDICAL RELEASE**

I consent and give permission for my USYer/kADIMAnik to attend and participate in all p trips and activities arranged by Temple Aliyah and Far West USY/KADIMA for which he/she is registered. I certify that my USYer/KADIMAnik is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent, and at my sole cost and expense, to engage appropriate healthcare providers to administer, prescribe, and/or direct administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions.

**RELEASE AND INDEMNIFICATION**

I expressly release and indemnify Temple Aliyah and it's officers, directors, agents, and employees, and hold Temple Aliyah and its officers, directors, agents, and employees free and harmless, from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with acceptance and participation of my USYer/KADIMAnik in Temple Aliyah's activities. This release and indemnification is unconditional and without reservation of any kind for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer/KADIMAnik. I am fully responsible if I fail to disclose any pertinent information.

I allow Temple Aliyah to use any photographs of my children taken during any of the Temple Aliyah sponsored programs/events for usage in promotional aspects.

\_\_\_\_\_  
Youth's Parent/Guardian signature

\_\_\_\_\_  
Date