

BATY MEMBERSHIP FORM 5772

26790 Arastradero Rd. Los Altos Hills, CA 94022~(650) 493-4661

Welcome to BATY, Beth Am Temple Youth, a youth group for Beth Am 9th through 12th grade students. BATY membership also entitles you to participate in NFTY-Central West Region events. NFTY-CWR provides regional and national programs for Reform Jewish youth. The annual membership commitment is **\$40 dollars** and helps to provide programming for BATY. Membership also entitles you to discounted rates on BATY events. We look forward to seeing you this year! **Please return in this form to Erin Goldstrom at Congregation Beth Am.**

Student Name: _____

Student Email: _____ Student Cell Phone: _____

Address: _____

School: _____ Grade: _____ Birthday: _____

BATY Code of Conduct

I will promote the creation of a religious youth community based on mutual respect and a personal well being. I have read the following rules designed to promote the health and safety of all event participants and have indicated my unqualified acceptance by my signature and that of my parent/guardian.

1. 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.
2. I will not possess, use or distribute any illegal drug or drug paraphernalia.
3. I will not smoke, consume, or distribute tobacco products.
4. I will attend and participate fully in the entire event, unless otherwise agreed upon with the Youth Director. I will arrive on time, stay until the end, and remain on the event premises at all times.
5. I will not bring or use any weapons or firearms.
6. I will not commit any illegal act. I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand no gambling is allowed, except for fundraisers approved by the adult leadership.
7. I will abide by the event curfew announced by the adult leadership.
8. I understand that no guests are allowed at any event unless permission is granted in advance by the adult leadership, and that any unauthorized guests will be asked to leave immediately.
9. I agree to refrain from inappropriate sexual behavior.
10. I agree to dress in a manner appropriate to the activities planned and respectful to other participants.
11. 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.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Driving and Photography Waiver

These forms are for the protection and privacy of your teenager.

Photography Waiver

I understand that photos of my child (including, without limitations, photographic, digital, and video images), taken at any time during synagogue activities, may be used in Beth Am publications, on the BATY/Beth Am website, and/or on Beth Am bulletin boards. By signing here **I DO** give Beth Am permission to use my child's photo.

Signature of Parent

Date

By checking this box **I DO NOT** give Beth Am permission to use my child's photo.

Driving Permission

I hereby give my child, _____, permission to use the following
(Child's Name)
methods to get to and from BATY events as well as from venue to venue during BATY events.

Please initial all approved of travel methods.

_____ My child may ride only in my car, the car of another adult or the car of a chaperone 21 yrs. or older.

_____ My child may ride with the BATY Teen who drove him/her to the event.

_____ My child may ride with any adult or teen approved by BATY adult leadership.

_____ My child may ride in a bus chartered by Beth Am.

Signature of Parent

Date

CONGREGATION BETH AM
EMERGENCY CONTACT INFORMATION / RELEASE FORM
5772 ☆ 2011-2012

One form per student

Student's Last name: _____ **First name:** _____ **Middle name:** _____

Hebrew name: _____ Gender: _____ Birth date: _____ Age: _____

Student's address: _____

Student's Email address: _____ Student's Cellular telephone: _____

Grade in secular/day school: _____ Name of school: _____

Child resides with: Mother Father Both Other: _____

(If child lives with someone other than a parent, please give complete contact information on a separate sheet of paper and attach it to this page before mailing.)

Parents' Information

Parent 1's name: _____ E-mail address: _____

Telephone numbers: Home: _____ Work: _____

Pager/Cellular telephone: _____ Other: _____

Address if different from student's: _____

Parent 2's name: _____ E-mail address: _____

Telephone numbers: Home: _____ Work: _____

Pager/Cellular telephone: _____ Other: _____

Address if different from student's: _____

Medical Information

Physician name: _____ Telephone: _____

Insurance company: _____ Plan/Group #: _____ Policy #: _____

Emergency Contact Information

Should my child become ill and a parent cannot be reached, please notify either of the following people:

(1) Name: _____ Relationship to child: _____

Telephone number(s): _____

OK to pick up: Y N

(2) Name: _____ Relationship to child: _____

Telephone number(s): _____

OK to pick up: Y N

Also, should a civil defense emergency or natural disaster such as an earthquake occur, and I am unable to reach Congregation Beth Am to pick up my child, by checking the appropriate box(es) above, I designate the above person(s) to pick up my child.

Continue on reverse ⇒

Medical Information, cont.

Drug Allergies: _____

Does your child have a history of any medical issues, such as asthma, diabetes, allergies, hearing difficulties, etc? Please specify: _____

Is your child presently taking medication on a continuing basis? Y N If yes:

Name of medication(s): _____

Prescribed for what condition(s): _____

Does your child carry any medication with him/her? Y N

If yes, which medications? What is his/her medication schedule?

Are there any medications or medical supplies that we should store for your child in the Education Office?

Y N

If yes, which medications? Please list medications and the situations in which they should be used. Medications should be hand delivered to the Youth Education Office. All medications must be clearly labeled with your name, your telephone number, your child's name, and a picture of your child.

What else should we know about your child to be able to help her/him effectively in the unlikely event of an injury or accident? _____

**Please read the following carefully and then sign in the boxes below.
We cannot accept your registration without your signatures below.**

Permission to Seek Treatment

In the case of injury to, or illness of, a child while at Congregation Beth Am or on a retreat or other off-site activity, every effort will be made to contact the parent(s) or guardian. If a representative of Beth Am is unable to reach such person, the following instruction will remain in force unless revoked by the parent or guardian:

I hereby authorize Congregation Beth Am or any authorized representative to call my child's physician or dentist (or another physician or dentist available) for necessary care for my child in case of emergency. I agree to pay all expenses incurred. These authorizations shall remain effective from September 1, 2011 to June 30, 2012.

In addition, I do hereby authorize a representative(s) of Congregation Beth Am as agent (s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such examination, diagnoses or treatment is rendered at the office of said physician or at a government licensed hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Family Code 6910.

***Parent's signature:** _____ ***Date:** _____