

## 2011-2012 USY Membership Form

**USY Membership** is \$60 for Adath Israel members and \$75 for non-members. Membership form and dues can be mailed to: Adath Israel Congregation, Attn: USY, 1958 Lawrence Road, Lawrenceville, NJ 08648. Please make checks payable to Adath Israel USY.

### Member Information

Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Extra-Curricular Activities (sports, clubs, etc.): \_\_\_\_\_

### Parent Information

Parent: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Emergency Contact (Not a parent)

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

### Medical Information:

Insurance Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary restrictions/Allergies: \_\_\_\_\_

Are there any special conditions of which the advisors should be aware? \_\_\_\_\_

### PARENTS' AUTHORIZATION AND MEDICAL RELEASE STATEMENT

As the parent/guardian of \_\_\_\_\_, I do request and authorize Adath Israel Congregation to permit my child to attend and participate in any youth activities in the Synagogue and outside the Synagogue, including transportation that is involved in the event. I accept full responsibility for his/her actions while so engaged and release Adath Israel Congregation, employees, and chaperones, etc., from any liability. In case of emergency, I do give permission to the physician selected by the Youth Director, Youth Advisor, or adult in charge of the event, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date