



**Youth Group Membership Form for STARY and STARY Jr.  
2019-2020 School Year**

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Name	Grade	School
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Address	City/State	Zip Code
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Home Phone	Child/Teen's Cell Phone	Birthday

**Please mark the best way to reach this child/teen directly and provide the relevant information:**

- Emails** sent to this email address: \_\_\_\_\_
- Facebook** through this name: \_\_\_\_\_
- Phone** calls to this number: \_\_\_\_\_
- Text Messages** to this number: \_\_\_\_\_

Participant lives with:     Both parents full-time     Mother full-time     Father full-time  
                                   Mother and Father part-time     Other: \_\_\_\_\_

Please indicate to whom materials should be sent:     Both     Mother     Father

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Mother's Name	Daytime Phone	Cell Phone
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Mother's Email Address \_\_\_\_\_

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Father's Name	Daytime Phone	Cell Phone
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Father's Email Address \_\_\_\_\_

	Temple Member	Non-Member
<input type="checkbox"/> STARY Jr. Youth Group (Grades 6-8)	\$65	\$85
<input type="checkbox"/> STARY Youth Group (Grades 9-12)	\$85	\$110

\*Financial aid may be available, contact Youth Advisor for more information

**Enclosed is my check for \$** \_\_\_\_\_

**Please return to the Temple, ATTN STARY:** 9085 Hagen Ranch Rd., Boynton Beach, FL 33472

*For more information, please contact Pamela McCarthy at 561-364-9054 ext. 214 or email [youth@templeshaareishalom.com](mailto:youth@templeshaareishalom.com). Visit our webpage at [www.templeshaareishalom.com](http://www.templeshaareishalom.com) or find us on Facebook!*

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Emergency Contact: (Must be someone other than relatives living at the same residence)

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Name	Relation
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Home Phone	Cell Phone
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Insurance Information:

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Insurance Company	Policy Number	Contact Number
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Name of Insured	Family Doctor's Name	Doctor's Phone
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List allergies if any

What medications may we give to your child?

Pain reliever  Benadryl  Other: \_\_\_\_\_

Is your child currently receiving treatment/medication for a current illness?  Yes  No

If yes, please describe: \_\_\_\_\_

Will this condition impair any activities on trips or in youth group? \_\_\_\_\_

What medication will your child be administering to themselves? Give description of medication, dosage, and administration: \_\_\_\_\_

Does this medication limit him/her to certain activities?  Yes  No

Are there side effects from the medications?  Yes  No \_\_\_\_\_

Does your child have any dietary restrictions? If yes, describe: \_\_\_\_\_

Does your child have any allergies? If yes, describe: \_\_\_\_\_

Additional pertinent health information: \_\_\_\_\_

I hereby give permission to the medical personnel selected by the Temple Shaarei Shalom Youth Advisor to provide routine health care; to administer medications; to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Temple Shaarei Shalom Youth Advisor to secure and administer treatment, including hospitalization for the person named above.

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

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

## 2019-2020 STARY & STARY Jr. *Brit Kehillah* (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, consume or distribute tobacco products at any time during the event.
- ✓ I will attend and participate fully in the entire event, unless otherwise agreed upon with the STARY Youth Director.
- ✓ I will arrive on time, stay until the end, and remain on the event premises at all times.
- ✓ I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- ✓ 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 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 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 the event, during the event itself, and until I return home after the event.**

\_\_\_\_\_  
Child/Teen Signature

\_\_\_\_\_  
Date

### By signing below I agree to the following:

- ✓ That my child agrees to and understands the STARY & STARY Jr. Youth Group *Brit Kehillah*.
- ✓ That I hold harmless Temple Shaarei Shalom and/or any of its agents in case of any emergency situation that may arise.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Youth Group Transportation Release:**

I/we, the parents/guardians of \_\_\_\_\_, do here by release and hold harmless Temple Shaarei Shalom, Pam McCarthy, and the Jewish Federation of Palm Beach County from any or all claims that may arise from any or all youth group transportation to or from or at STARY, STARY Jr., or NFTY events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent to Publication:**

I hereby grant permission to Temple Shaarei Shalom to use my/my child's name, likeness, or photograph in any publication, advertisement, display, or other medium in print or online in connection with the programs, activities, and events of Temple Shaarei Shalom.

\_\_\_\_\_  
Child/Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Driving Consent Form:**

If your child is NOT of driving age:

- Yes, my child may be driven by a fellow youth grouper. Name of Member(s) \_\_\_\_\_
- No, my child may not be driven to and from events by a fellow youth grouper. I will be responsible for picking up/dropping off my child. I will be at pick up locations 10 minutes prior to the event ending.
- Yes, my child may be driven by the parent/guardian of a fellow youth grouper.

If your child is of driving age:

- Yes, my can may drive themselves to and from youth group events.
- No, I do not want my child driving to and from youth group events.
- Yes, my child may drive other youth groupers.
- No, my child may not drive other youth groupers.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

☆ **Thank you and welcome to STARY! We look forward to your participation in our program.** ☆

VOLUNTEER OPPORTUNITIES		
Name: _____	Phone: _____	Email: _____
Best Way to Reach You? _____		
**Please mark which days you will be able to volunteer**		
Wednesday: _____		Sundays: _____