



**Youth Group Membership Form for
STARY and STARY Jr.
_____ School Year**

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

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

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 email youth@templeshaareishalom.com,
Visit our webpage at www.templeshaareishalom.com or find us on Facebook!*

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_____ **School Year**

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

Name	Relation
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Home Phone	Cell Phone
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Insurance Information:

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: _____

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, its' employees 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: _____		