

TIFERETH ISRAEL USY
145 BROWNELL AVENUE
NEW BEDFORD, MA 02740-1654
(508) 997-3171

MEMBERSHIP FORM 2022 - 2023

Name: _____ Child E-mail: _____

Address: _____

Home Phone: _____ Date of Birth: _____ Grade: _____

Child's Cell Phone: _____

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

For Parents:

___ I am available to be a chaperone

NEW BEDFORD/T.I. USY MEMBERSHIP DUES:

Kadima (Grades 3 - 5)	-	\$18
Jr. USY (Grades 6-8)	-	\$36
Sr. USY (Grades 9-12)	-	\$36

*This form must be accompanied by the signed parent consent form
and is required for your child to participate in our local youth programs
as well as any regional or national programs.*

Please submit payment with this form- check may be made payable to Tifereth Israel Congregation.

Tifereth Israel - USY

Parental Consent Form

I, the parent or guardian of _____, understand and agree to the following:

- “Send home-able” offenses - use of alcohol, drugs or unacceptable behavior. If one does occur, I accept responsibility for my child’s actions and I will be required to pick him/her up immediately from the program.
- I accept responsibility for payment for loss, damage, or destruction of any property by my child.
- I understand that Tifereth Israel does not provide excess medical insurance and all medical costs will be submitted to parent’s Health Insurance Company.
- In case of a medical emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, as well as to order injection, anesthesia, or surgery for my child.

I also give permission to the physician selected by the USY staff, while on a trip, to advise and treat my child for any illness or medical condition while he/she is under USY supervision.

I authorize the USY director to arrange for medical care for _____ should an emergency arise during any trip. It is also understood that a conscientious effort will be made by the USY director to contact me before any medical action is taken. I understand that in the final disposition of an emergency case, the judgment of the USY staff will prevail.

I will notify USY at Tifereth Israel in writing when any changes arise in the information provided herein.

I hereby give permission for _____ to participate in all trips during the year (2019-2020) including auto and bus trips.

Signature of Parent or Guardian

Date:

EMERGENCY-CONTACT

Name	Relationship	Telephone Number
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MEDICAL INFORMATION

Child’s Physician: _____ Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

Please list any allergies and/or other medical problems that we should be aware of: _____

Please list any medications that your child will be taking with him/ her: _____