

# New City Jewish Center Youth Community Membership Registration Form 2009-2010

NCJC Youth Community/47 Old Schoolhouse Road/New City, NY 10956 youthcommunity@newcityjc.org 845.638.9600 x114 www.newcityjc.org/yc

**PLEASE CIRCLE THE GRADE LEVEL THAT YOUR CHILD WILL BE ENTERING IN SEPTEMBER 2009**

<b>Shorashim/Solelim Dues:</b>	<b>SHORASHIM</b>	<b>SOLELIM</b>	<b>Ruach Dues:</b>	<b>RUACH</b>	<b>Kadima &amp; USY Dues:</b>	<b>KADIMA</b>	<b>USY</b>
\$30/NCJC Members			\$40/NCJC Members		\$80/NCJC Members		
\$60/Non-Members	<b>K 1</b>	<b>2 3</b>	\$80/Non-Members	<b>4 5</b>	\$110/Non-Members	<b>6 7 8</b>	<b>9 10 11 12</b>

## Member Information Section

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

(as of September 2008)

Synagogue Affiliation \_\_\_\_\_

Are you Jewish\*? (circle one) Yes No

(All Youth Community members must be Jewish to attend events. A child is considered Jewish if his/her mother is Jewish. If there are special circumstances, please see Ben Lewis, Director of Formal & Informal Education.)

### Being a member of the NCJC Youth Community involves certain rights and responsibilities:

- ☆ I know that I am expected to participate fully and cooperate with the leaders and advisors at all events I choose to attend.
- ☆ I know that I have a responsibility to myself and to the Jewish community to participate in services when asked to do so.
- ☆ I know that the Advisors of the NCJC Youth Community are available to me for any questions that I may have about USY, Kadima, Ruach, Solelim, Shorashim, Judaism, or anything else that is on my mind.
- ☆ I know that the NCJC Youth Community needs my energy and my ideas ... *you can count on me!*
- ☆ I know I need to treat both staff and students with *kavod* (respect).

## Parent Information Section

We, the undersigned parent(s) / guardian(s) do hereby authorize the New City Jewish Center Youth Community and its agents to act as our agents to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable or necessary by a licensed physician, in the event that such help of an emergency nature becomes necessary. In no event, will the New City Jewish Center Youth Community or its agents be held liable for any first-aid or surgical procedures performed pursuant to this consent.

### Name(s) of Parent(s) or Guardian(s):

(please include titles such as Dr., Mr., Ms., etc.)

1. Print \_\_\_\_\_

Signature \_\_\_\_\_

2. Print \_\_\_\_\_

Signature \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Medical Insurance \_\_\_\_\_

(company name)

Policy Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Other Conditions \_\_\_\_\_

**In the event of an emergency and you cannot be contacted, we should try to contact ...**

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### FOR MEMBERS OF RUACH, KADIMA, and USY: Signature of Youth Community Member

By signing below, you are acknowledging that you have read this application thoroughly and you agree to abide by all Ruach/Kadima/USY and Youth Community polices:

Signature: \_\_\_\_\_

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

**PARENTS/GUARDIANS OF  
SHORASHIMNIKS, SOLELIMNIKS, RUACHNIKS AND KADIMANIKS  
ARE REQUIRED TO CHAPERONE AT LEAST TWO EVENTS DURING THE YEAR!**

**No child will be turned away for financial reasons. If  
you need financial assistance, please contact  
Benjamin Lewis at 638-9600, ext. 115**

**PLEASE TYPE OR PRINT NEATLY AND DO NOT LEAVE ANY BLANK SPACES.**