

**TEMPLE ISRAEL PROGRAM FOR TEMPLE YOUTH
MEMBERSHIP FORM 2008-2009**

CONTACT INFORMATION

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CELL PHONE: _____ CELL PHONE CO. (CIRCLE ONE): VERIZON AT&T OTHER: _____
SCHOOL: _____ GRADE: _____ EMAIL: _____
HOME PHONE: _____ PARENTS' NAMES: _____

MEDICAL INFORMATION

In case of medical or surgical emergency, I understand that every effort will be made to contact parents or guardians of youth group members. In the event that I cannot be reached, I hereby give permission for the Youth Group Advisor or his designee to secure all proper treatment for my child as named above.

PARENT'S SIGNATURE: _____ DATE: _____

Please indicate anything else you wish us to know, e.g. activity restrictions, limiting physical conditions, limiting dietary restrictions (sugar, caffeine, food allergies, etc.): _____

In case of emergency and you are not available, whom would you like us to call?

Name _____ Phone _____

Address _____

Insurance Information

Policy Holder _____ Provider _____ Policy No. _____

DUES INFORMATION

Membership has its privileges. All members will receive a discounted fee for most TIPTY events.

Dues for the 2008-2009 academic year are **\$25** per person. No one will be turned away based on need.

Mail your completed and signed registration to:

TIPTY, Temple Israel, 2324 Emerson Ave. S., Minneapolis, MN 55405

******* PLEASE COMPLETE BOTH PAGES OF THIS FORM *******

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 the 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 events.

I will attend and participate fully in entire events, unless otherwise agreed upon by the TIPTY Advisor or his/her designee. I will arrive on time, stay until the end, and remain on the event premises at all times.

I will not bring our 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 will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that gambling is not allowed, except for fundraisers approved by the adult leadership.

I will abide by the event curfew announced by the leadership during overnight events. After each session, I will go directly to my cabin, hotel room, host home or sleeping space and remain there until the next session.

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 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 an event, during the event itself, and until I return home after the event.

MEMBER'S SIGNATURE _____ DATE _____

I have instructed my child on the importance of abiding by this *Brit Kehillah* – Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the TIPTY Advisor or his supervisor could include immediate expulsion from an event, at the expense of the parent or guardian. My signature and the signature of my son/daughter affirm our agreement to the rules and policies of Temple Israel and this *Brit Kehillah*.

PARENT'S SIGNATURE _____ DATE _____

PARENTAL ASSISTANCE

There may be times during the year when TIPTY might need extra assistance from parents, such as with carpooling and chaperoning. Will you be able to help us?

Yes No

Name _____ Phone Number _____

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TEMPLE ISRAEL
2324 EMERSON AVE. S.
MINNEAPOLIS, MN 55405
612-377-6700, x570