

Welcome Aboard!

Glad you're here!

Get ready for the best season yet!



Peabody USY/Kadima/Chalutzim Membership Application 2008-2009

I am becoming a member of **Senior USY** / **Junior USY** / **Kadima** / **Chalutzim** (please circle one)
(9th-12th grade) (7th-8th) (5th-6th) (3rd-4th)

Name: _____
(first) (middle) (last)

Address: _____
(street) (city/town) (zip code)

Phone Number: _____ **Alternate Phone Number:** _____
(area code first) (area code first)

E-mail address: _____ **Parent's E-mail:** _____

Birth day: _____ **Grade:** _____

I am interested in assisting with the following elements of USY:

(please check all that apply)

Membership _____ **Sports** _____ **Programming** _____
Communications _____ **Religious Education** _____ **Social Action** _____
Kadima/Chalutzim _____ **Historical** _____

Are your parents willing to help out for ONE event this year? _____
(please check one) (yes) (no)

Interested in playing USY basketball (boys) or volleyball (girls) for USY this year? _____

If you are going to become Bar or Bat Mitzvah in the upcoming year, please give us the date of the service.

Please list any other special events in your life occurring in the upcoming year:

Please list any ideas or suggestions that you may have for events for this upcoming year:

Membership dues for the 2008-2009 season:

Group	Temple Member*	Non-Temple Member
Senior USY	\$55	\$75
Junior USY	\$55	\$75
Kadima	\$45	\$55
Chalutzim	\$25	\$25

*Includes Temple Ner Tamid, Temple Sinai and Ahavat Achim

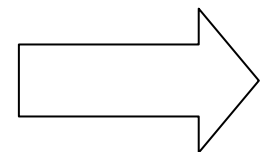
Please mail / return this form back to the following address:

Peabody USY
Temple Ner Tamid
368 Lowell Street
Peabody, MA 01960

Questions? Please call Susan Callum at 978-535-0834 or Dave Goldberg at 978-535-4555.

YOU'RE ALMOST DONE!!!

**PLEASE TURN OVER AND FILL
OUT THE BACK OF THIS FORM**



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Peabody USY Emergency Form

Name: _____ Gender: _____ Grade: _____ Age: _____

Parent's Name(s): _____ Parent Phone: _____

Doctor Name: _____ Doctor Phone: _____

Medical Insurance Co: _____ Policy Number: _____

Person to contact if parent cannot be reached (with number): _____

Does your child have any physical or emotional conditions which the staff should be made aware of?

If yes, please describe (these will be kept strictly confidential):

Does your child have any allergies (please list):

Does the child currently take any medication(s) which the staff should be made aware of?

If yes, please describe (these will be kept strictly confidential):

I, the parent/guardian of _____ understand and agree that in case of medical or surgical emergency, I hereby give permission to the physician selected by the Youth Director to secure proper medical treatment for, and to order injection, anesthesia, or surgery for my child as named above. Of course, in case of emergency, every effort will be made to reach parents or their proxy.

Parent/guardian signature: _____ Date: _____

PEABODY USY POLICY ON ALCOHOL, DRUGS, AND TOBACCO PRODUCTS

Peabody USY is committed to the highest Jewish standards of behavior. Because alcohol, drugs, and tobacco products do not conform with these standards, the use or possession of any of these products during a USY event is not allowed.

Any USY'er who is found with or under the influence of drugs, alcohol, or tobacco products will have their parents notified and will immediately be sent home from the event. Any USY'er found in the possession of drugs or alcohol will be suspended from Regional and International programs for a period of one year.

I have read and understand Peabody USY's policy on alcohol, drugs, and tobacco products.

Peabody USY'er _____ Date

Peabody USY Parent _____ Date

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