

YOUTH GROUPS 2010-2011

Rishonim (1st- 3rd Grade)	Synagogue Affiliated	\$25	Unaffiliated	\$40
Kadima (4th & 5th Grade)	Synagogue Affiliated	\$25	Unaffiliated	\$40
Juniors (6th-8th Grade)	Synagogue Affiliated	\$25	Unaffiliated	\$40
TASTY (9th-12th Grade)	Synagogue Affiliated	\$35	Unaffiliated	\$50

Student Name: _____ Sex: _____ Date of Birth: _____

Student Phone #: _____

Student's Cell #: _____

Student's Email: _____

Street Address: _____

City: _____ Zip code: _____

Grade in school: _____ Grade in Religious School: _____

Parent/Guardian 1 Name

Home Phone: _____

Work: _____ Cell: _____ Email: _____

Home address: _____

City: _____ Zip: _____

Parent/Guardian 2 Name

Home Phone: _____

Work: _____ Cell: _____ Email: _____

Home address: _____

City: _____ Zip: _____

Student Lives With: Both Parents/Guardians 1st Parent/Guardian 2nd Parent/Guardian

Would you like school information sent to both addresses? Yes No

Are you a Vegetarian? Do you have any specific food requirements/allergies?

If so, please list:

Please check the activities you would be interested in participating in:

Sport Activities (Gaga , Football, Soccer, Baseball, etc)

I would prefer to go watch a sport game

I would prefer to play in a sport game

Walk/Run (for a charity or a cause)

Leadership/Social Action Weekend Away

Broom-balling

Go Carts

Ice Skating

Baking or Cooking

Bigger is Better/ Scavenger Hunt

Art Activities (painting, sculpting, etc)

Movie Night

Games Night

Overnight Camping

Theme Park Outing

Pool Party

Bonfire

Beach Cleanup

Volunteering (nursery home, soup kitchen, etc)

Rock Climbing

My 3 favorite activities are:

Comments:

Temple Adat Shalom Youth Group is instituting a program model involving older TAS kids acting as “counselors” for the younger groups. This “Roshe No’ar” (literally “Head Youth,” or generally “Youth Leadership”) Program is open to students in eighth grade and up (including “twenty-somethings”). The “Roshe No’ar” staff will be trained by our Youth Advisor on a regular basis to be sure each has been instructed on the skills and knowledge-base required to effectively manage youth group participants under the direct supervision of the Youth Advisor. The trained counselors will “staff” each activity providing extra supervision as well as fun, structured activities for each TAS Youth Group. The “staff” will meet regularly to plan and prepare for each group’s activities under the direct supervision of the Youth Advisor who has extensive experience training youth staff and implementing exciting, youth focused, unique activities infused with Jewish Values. This model provides TAS with a mechanism to enable older kids to remain involved in the temple youth movement while providing camaraderie between the age groups and motivation to the younger kids to aspire to achieve “counselor status” as they develop through the program. This program model has been shown to be successful in creating large, active youth groups at other Reform Synagogues in Southern California. We have already successfully “piloted” this program with some of our Youth Groups over the past year. Youth and parents alike have provided much positive feedback regarding this youth group format.

Students participating in this program are eligible for community service credits if they are chosen to work regularly within the Roshe No’ar program and complete a minimum number of work hours including activities, trainings, and meetings. Only those students exhibiting initiative, responsibility, dedication, and consistency will be chosen to work with younger kids on a regular basis and to earn community service credits. This type of leadership accomplishment is not only fun and rewarding for the student, but it also looks great on resumes and college applications. Accomplished and excelled youth leaders may earn the opportunity to lead a group of Roshe No’ar staff (under the direct supervision of the Youth Advisor) in the implementation of activities for one or more of our youth units. These “Unit Heads” may be eligible to earn money or community credits for this high-level achievement.

If your student is interested in the Roshe No’ar Program, please fill out the form below and we will contact you regarding this unique program. Students need not become a member of any TAS Youth Group nor must they be registered in Mosad Shalom Religious School in order to participate in this program,.

I am interested in learning more about the Youth Leadership opportunities of TAS’ Roshe No’ar Program

Student Name

Grade

Age

Mailing Address

Student Phone

Student Email Address

Parent Name

Parent Phone

Parent Email Address

Parent Signature

IT IS MY DESIRE THAT MY CHILD/WARD PARTICIPATE IN THE ACTIVITIES OF TEMPLE ADAT SHALOM, THEREFORE;

I, THE UNDERSIGNED PARENT/GUARDIAN OF

(child's name)

Hereby authorize the adult sponsor of Temple Adat Shalom (TAS) or any responsible adult person bearing this written authorization, into whose care the above mentioned child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/ dental care is to include, but not be limited to, any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to child under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of adult person/supervisor to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of their best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

Financial responsibility

In the event of injury to my child/ward, i agree that i and my health care insurers shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any tas related activities.

Risk

I am aware that these activities may involve some hazards. I have considered these risks and i still wish my child/ward to participate. Furthermore, i agree not to bring legal action against TAS staff, sponsors, or volunteers as a result of any injuries suffered in the course of his/her participation.

Term of agreement

This authorization will remain in effect until the end of the school year, while the child/ward is enroute to or from or involved in or participating in any program or activity authorized by tas, unless revoked by the undersigned in writing and delivered to the agent of TAS.

Print	Sign	Date
Parent or Guardian	Parent or Guardian	

Print	Sign	Date
Parent or Guardian	Parent or Guardian	

Family Health Insurance Company & Policy #:

Special Health Instructions or Known Allergies