

Temple Adat Shalom Youth Groups

2009 – 2010 Membership Application

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

Please make checks payable to: Temple Adat Shalom
15905 Pomerado Rd. · Poway, CA 92064 · Phone: (858) 451-1200

Name: _____ Phone #: _____ Student's Cell #: _____

Sex: _____ Date of Birth: ____/____/____ Student's Email: _____

Street Address: _____

City: _____ Zip code: _____ Grade in school: ____ Grade in Religious School: ____

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

Mother's Name: _____ **Father's Name:** _____

Home phone: _____ Home phone: _____

Work/cell: _____ Work/cell: _____

Email: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Sport Activities (Gaga , Football, Soccer, Baseball, etc)
<input type="checkbox"/> I would prefer to go watch a sport game
<input type="checkbox"/> I would prefer to play in a sport game
<input type="checkbox"/> Walk/Run (for a charity or a cause)
<input type="checkbox"/> Leadership/Social Action Weekend Away
<input type="checkbox"/> Broom-balling
<input type="checkbox"/> Go Carts
<input type="checkbox"/> Ice Skating
<input type="checkbox"/> Baking or Cooking
<input type="checkbox"/> Bigger is Better/ Scavenger Hunt | <input type="checkbox"/> Art Activities (painting, sculpting, etc)
<input type="checkbox"/> Movie Night
<input type="checkbox"/> Games Night
<input type="checkbox"/> Overnight Camping
<input type="checkbox"/> Theme Park Outing
<input type="checkbox"/> Pool Party
<input type="checkbox"/> Bonfire
<input type="checkbox"/> Beach Cleanup
<input type="checkbox"/> Volunteering (nursery home, soup kitchen, etc)
<input type="checkbox"/> Rock Climbing |
|---|--|

My 3 favorite activities are: _____

FOR TASTY-AGED YOUTH GROUP MEMBERS (9th-12th grade):

I AM ALSO INTERESTED IN PARTICIPATING IN NFTY (SOUTHERN CALIFORNIA REGIONAL YOUTH GROUP EVENTS) FOR AN ADDITIONAL \$25 (please add this amount to your Adat Shalom Youth Group Membership). The cost per Weekend is TBD. More information will follow. These are the currently schedule NFTY events for the upcoming year:

- October 2009
- 10/02 - NFTY SOCAL Leadership Training Institute (LTI)
- December 2009
- 12/18 - NFTY SOCAL Fall Kallah New Item
- March 2010
- 03/12 - NFTY SOCAL Social Justice Kallah (SJK) New Item (Until 03/14)
- April 2010
- 04/23 - NFTY SOCAL Elections Kallah

Roshe No'ar Student Leadership Program

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 Email Address _____

Student Phone _____

Parent Name _____

Parent Email Address _____

Parent Phone _____

Parent Signature _____

Release Form

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.

Date	Signature of Parent/Guardian	Printed Name of Parent/Guardian	Relationship
Medical Insurance Company	Group/Policy ID	Doctor's Name	Doctor's Phone
Dental Insurance Company	Group/Policy ID	Dentist Name	Dentist Phone

Special Health Instructions or Known Allergies _____

Temple Adat Shalom Driver Release

IT IS UNDERSTOOD that adult supervision of the off-campus activities will be under the direction of TAS and its staff. The mandatory conditions for volunteer drivers are:

- a valid California Drivers License;
- permission to operate the automobile to transport other youth group members;
- the automobile to be driven is in good operating condition;
- there is an operating seat belt for each passenger;
- required to insist that all passengers be belted.

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____ DO HEREBY AUTHORIZE
THE ADULT SPONSOR OF TAS YOUTH GROUP OR ANY RESPONSIBLE ADULT PERSON TO DRIVE MY CHILD.

Date Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____ DO HEREBY AUTHORIZE
MY CHILD TO DRIVE HIMSELF/HERSELF.

Date Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____ DO HEREBY AUTHORIZE MY
CHILD TO BE DRIVEN BY A YOUTH MEMBER THAT IS LICENSED AND INSURED AND HAS MET THE STATE
MANDATED DRIVER/PASSENGER WAITING PERIOD.

Date Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____ DO HEREBY AUTHORIZE
MY CHILD TO DRIVE OTHER YOUTH MEMBERS.

Date Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship

DRIVER INFORMATION (for volunteer drivers only)

Driver's Name: _____

License #: _____ Expiration: _____ DOB: _____

Insurance Carrier: _____

Policy #: _____

General Liability (circle one) \$250,000 \$500,000 \$1,000,000 \$1,500,000 \$2,000,000

PLEASE ATTACH COPIES OF DRIVERS LICENSE AND INSURANCE