

TRUSY Membership Application

5775

Congregation B'nai Israel
Toms River, New Jersey
732-349-1244

Applicant's Name:

Hebrew Name:

Address:

Applicant's Telephone Number:

Home Telephone Number:

E-mail:

Parent's E-mail:

Applicant's Birth Date:

Grade as of September 2014:

Mother's Name:

(Hebrew)

Father's Name:

(Hebrew)

Synagogue Affiliation (if not B'nai Israel)

Will you/Do you attend Hebrew High?

USY Dues for B'nai Israel Member: **\$50.00** to be paid by October 1, 2014. \$ _____

*USY Dues for a **Non-Member** of B'nai Israel: **\$150.00** – this does not include Congregation B'nai Israel Hebrew High attendance. \$ _____

*Please Note: Non-members may not receive Scholarship or financial assistance from Congregation B'nai Israel. Non-members cannot be USY President, but may hold other USY Board positions.

Standards and Code of Conduct

As a member of USY, you will be expected to honor the Standards and Code of Conduct set by the Congregation B'nai Israel Youth Commission and Regional Youth Commission. Please read the information on the back of this sheet about the Code of Conduct. If you or your parents have questions regarding this information, please call your advisor before signing below. The Code of Conduct is intended for the safety and well being of each participant. My parents/guardian have reviewed this code with me. I understand its importance and any responsibility in adhering to it.

Signature of USY Applicant

In Case of a Medical Emergency

Every effort will be made to contact a parent in case of serious sickness or accident prior to treatment by a physician, but a medical situation could occur that requires a physician's attention. I, therefore, give permission for a physician selected by the Youth Group Advisor/Chaperon to give anesthesia or render other medical treatment to my child as deemed necessary.

Name & phone number of child's physician

Signature of Parent/Guardian

Date