

Congregation Kol Shalom Kadima/USY Program - Registration

Welcome to the Congregation Kol Shalom Kadima/USY Jewish Youth Program for middle and high schoolers. The goal of the Kol Shalom Kadima/USY Program is to provide a guide to Jewish living for youth in grades 6-8 (Kadima) and 9-12 (USY). The objectives are to provide opportunities for socializing with other Jewish youth in the context of Jewish-centered activities, to reinforce Conservative Jewish values, and to keep those values and traditions relevant for young adults.

Registration for: (check one)
 Kadima (grades 6-8) \$25
 USY (grades 9-12) \$36
Return this form and payment to
1909 Hidden Meadow Lane
Annapolis, MD 21401.
Checks are to be made payable to
Congregation Kol Shalom.
Write "Kadima/USY" in the memo
portion of your check.

Please complete this registration and survey, as well as the Code of Conduct agreement on the reverse side, and have your parents complete the approval portion.

Member Name: _____ DOB: _____ Grade: _____

Phone Number: _____ Member's email address: _____

Mailing Address: _____

Mother's Primary Phone No.: _____ Mother's email: _____

Father's Primary Phone No: _____ Father's email: _____

Activities I would like to do with the Jewish Youth Program:

For your safety, please complete the following, to be kept confidential by the Program Advisor.

Allergies: (circle) No / Yes (please provide details)

Medications: (circle) No / Yes (please provide details)

Please provide details if you have any disability, chronic illness, condition, or any activity restriction, or require accommodations or modifications:

Congregation Kol Shalom Kadima/USY Program – Code of Conduct

As a participant in this program, I agree to conduct myself in a manner that shows respect for myself, the Program Advisor/staff, my congregation, and my community.

While participating in any Kol Shalom Youth Program activity or event, I agree to the following. If I break these rules, I understand the consequence may be dismissal from the event at the discretion of the Advisor. Significant or repeated infractions may also result in dismissal from the Program.

1. I will conduct myself appropriately as a Conservative Jew, including through the observance of Shabbat and Kashrut, and in accordance with local Rabbinical Authority.
2. I will respect the Program Advisor at all times, and follow any additional rules or regulations specified by the Advisor.
3. I will remain with the group at all times unless with specific authorization of the Advisor.
4. I will refrain from actions and behaviors that put myself or others at physical or emotional risk.
5. I will refrain from using a cell phone for any purpose (text, calls, games, social media) during Program activities, other than to call my parent if needed. I will take photos only with the knowledge and permission of the subject, and will not post photos of others on social media.
6. I will not smoke, possess, or use any tobacco or vape products. I will not possess or use any illegal or controlled substance, other than prescription drugs prescribed specifically for myself. I will not obtain, possess or consume any alcoholic beverages.
7. I will refrain from disruptive or illegal behavior, including but not limited to theft, destruction of property, inappropriate sexual behavior, inappropriate language, and indecent attire.

I understand that any illegal conduct or violation of this code may result in immediate dismissal from a particular activity or the Program, at the discretion of the Program Advisor.

Signature of Participant: _____ Date: _____

To be completed by the Parent/Guardian:

(Name) _____ I have read and understand the Code of Conduct for the Kol Shalom Kadima/USY Program. I agree to my child's participation in the Program and will reinforce these rules. I understand that if my child is dismissed from an event it is my sole responsibility to provide or arrange immediate transportation for him/her.

I also agree to serve as chaperone or to drive for at least one chapter event. A sign-up will be provided.

Signature of parent/guardian: _____ Date: _____

Phone No. to call in an emergency: (h) _____ (c) _____

Parent's email address: _____