

Membership Application

Participant's Information

First/Middle/Last Name _____

Street _____

City/State/Zip _____

Telephone 1 _____
Home/Mobile Primary

Telephone 2 _____
Fax Secondary

Email _____

Personal Information

Age: _____ Birth Date: _____ Social Security #: _____

Grade (As of Sept. 2009): _____ YJ Club: _____ Gender: •Male •Female

School & Synagogue Information

Current School: _____ Medical Insurance Co.: _____

Synagogue: _____ Policy #: _____

Religious Affiliation: •Unaffiliated •Reform •Orthodox
 •Reconst. •Conservative •Other _____

Parent/Guardian Information

Parent's Name	Phone 1	Phone 2	Hadassah Member?
1. • _____ Relation: •Father •Mother •Guardian	Work: _____ Email: _____	Mobile: _____	•Yes •No
2. • _____ Relation: •Father •Mother •Guardian	Work: _____ Email: _____	Mobile: _____	•Yes •No
3. • _____ Relation: •Father •Mother •Guardian	Work: _____ Email: _____	Mobile: _____	•Yes •No

Place an "X" next to the Emergency Contact

Let me know about future •Events •Bulletins •Newsletter •Other _____

Membership Year begins June 1st and ends May 31st

Parent's Signature: _____ Name: _____ Date: _____
Print Name

Please Fax or Mail Completed
Form & Payment to

Young Judaea Member Registration
50 West 58th Street
New York, NY 10019

Office: 212.303.4570
Fax: 212.303.4572
www.youngjudaea.org

Membership Application

Please Read & Sign

CONSENT, RELEASE AND INDEMNIFICATION

The Parent/guardian signing below ("Parent") hereby consents and gives permission for Parent's son/daughter _____ ("Child") to participate in Young Judaea activities throughout the 2007-2008 membership year (individually an "Activity" and collectively, the "Activities" which term shall include arrival at and departure from the Activities, and early dismissal or expulsion, if any, from the Activities).

In case of medical emergency involving Child, if Parent or another parent or guardian of Child cannot be reached, Parent hereby consents and gives permission to the physician/medical personnel selected by Activity staff to secure treatment for Child including hospitalization, anesthesia, surgery and any other emergency treatments deemed necessary and appropriate by the physician/medical personnel. Parent agrees that Young Judaea is not responsible for any medical expenses incurred by or on behalf of Child, and authorizes Young Judaea to directly contact and deal with any health insurance company that may provide coverage for Child.

Parent and Child each agree that Child will observe and be bound by all rules established by Young Judaea. Parent and Child each agree that Young Judaea has the right, in its sole discretion, to determine that Child may not participate in the Activities and, further, in its sole discretion, to determine that Child shall be dismissed or expelled from any Activity, at Parent and Child's sole cost and expense. Parent and Child understand and agree that Parent and Child are responsible for making arrangements for transportation of Child to and from the Activities.

Parent and Child each agree that Young Judaea may use Child's or Parent's name, any photograph, image, likeness, statement or utterance of Child or Parent in any media, including the internet, for promotional or other purposes, and Parent and Child release Young Judaea from any and all liability in connection therewith.

The term "Claims" as used in this Consent, Release and Indemnification shall mean any and all claims and liability of any kind whatsoever, past, present and future, both known and unknown, including those which have not yet arisen or matured, whether in law or in equity, arising from, related to or in connection with Child's participation in the Activities, including but not limited to, claims for negligence or any intentional act on the part of Young Judaea (as defined herein) or any other person or entity. In consideration for Child's acceptance to participate in the Activities, Parent or Child (and Parent on behalf of Child) each for themselves, and their next of kin, family members, heirs, representatives, agents, successors and assigns, hereby agree to: (i) Release, waive and discharge Young Judaea, Hadassah, The Women's Zionist Organization of America, Inc., Hadassah Medical Relief Association, Inc., Hadassah Zionist Youth Commission, and each of their (individually or collectively) affiliates, related entities, officers, directors, employees, volunteers, members, agents and representatives (individually and collectively, "Young Judaea") from any and all Claims; and (ii) Covenant not to sue Young Judaea with respect to any and all Claims; and (iii) Indemnify, defend and hold harmless Young Judaea from any and all Claims and any and all liability, damage, cost, loss and expense (including attorneys' fees and expenses) arising from, related to, or in connection with (a) Child's acts and omissions and any involvement by Child in the Activities and (b) any and all Claims made at any time, past, present or future, by Parent, Child, or any of their family members or any person to whom Parent or Child are related by blood, adoption or marriage, or their heirs, representatives, agents, successors or assigns.

Parent and Child each agree that this and any other agreement related to the Activities, and all disputes, issues and matters arising from, related to or in connection with the Activities, are to be solely and exclusively governed by the laws of the State of New York, without giving effect to principles of conflicts of laws. Parent and Child each hereby agree that the state or federal courts located in the State of New York shall have exclusive jurisdiction to determine disputes arising from, related to or in connection with the Activities, or in this and any other agreement related thereto and Parent and Child each further agree that such courts shall have exclusive jurisdiction over all such matters. This Consent, Release and Indemnification are intended to be as broad and inclusive as permitted by the laws of the State of New York, and if any term or provision is decalred invalid by a court of competent jurisdiction, the remaining terms and provisions of this Consent, Release and Indemnification shall remain unimpaired and in full force and effect.

Parent and Child each have read, understand and agree to the above terms and conditions.

MEDICAL INFORMATION

Medical Allergies: _____ Medications: _____

Any Medical Conditions: _____

Health Insurance Company (US): _____ Policy #: _____

Name of Emergency Contact: _____ Emergency Contact #: _____

(If parent is unreachable)

Parent/Guardian's Signature: _____ Name: _____ Date: _____

(Please Print)

Child's Signature: _____ Name: _____ Date: _____

(Please Print)