



# B'nai Israel Senior Youth Group

## 2011-2012 / 5772 BISIY Membership Application

### What is a BISIYite?

A member of one of the largest Reform Jewish youth groups in NFTY Central Western Region. We are socially conscious, free thinkers who enjoy sharing social, spiritual, and educational experiences with others.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Cell Phone #: \_\_\_\_\_

Grade in Secular School: \_\_\_\_\_ Grade in Religious School: \_\_\_\_\_

Do You Keep Kosher? \_\_\_\_\_ Are you a Vegetarian? \_\_\_\_\_

Parent I: \_\_\_\_\_ Parent II: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I live with: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission for \_\_\_\_\_ to become a member of B'nai Israel Senior Youth Group. I release Congregation B'nai Israel and BISIY from all responsibilities besides supervision during activities. I give permission to the BISIY advisors to authorize emergency medical personnel to render treatment to my child if such personnel deem it necessary and I/we cannot be reached.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

BISIY Member Signature: \_\_\_\_\_

### Fees:

BISIY Dues (includes \$26 for NFTY dues)..... \$50.00

BISIY donation (optional) ..... \_\_\_\_\_

Total: \_\_\_\_\_

Please complete this application and the BISIY Code of Conduct on the back. If this form is being returned with the Religious School Tuition Form, please mark the appropriate space. Otherwise, enclose a check made out to Congregation B'nai Israel and return to the temple office.

# **BISY Code of Conduct**

The Following Code of Conduct will prevail for all BISY events. This Code of Conduct is designed to enable participants to derive the greatest benefit from planned programs. Please read it carefully and indicate you agree willingly to abide by the rules by signing at the bottom of this form.

1. The drinking and/or possession of intoxicating beverages other than sacramental wines, even if the participant is of legal drinking age, is strictly prohibited.
2. The possession and/or use of any illegal drugs, including marijuana, or any related paraphernalia and/or the supply of drugs to any person at the event are strictly prohibited.
3. The possession of any tobacco products or cloves, or related paraphernalia, is strictly prohibited.
4. No gambling is allowed, except for fundraisers approved by the Advisor.
5. Vandalism, disturbing the peace, or other inappropriate behavior as predetermined by the Advisor or supervising chaperone, will not be tolerated, and person(s) who caused them must pay for any damage.
6. Any act by a BISYite that is in violation of Federal, Provisional, State or Local Law will be in violation of the BISY code.
7. No member may fail to attend part of the event without the consent of the Advisor and Parent(s).
8. There are no guests allowed at events unless the Advisor has given permission in advance.
9. Each BISYite, and his/her parent or guardian must have a signed BISY Code of Conduct and completed the medical information and release form prior to attending any event.
10. If you drive a car to an event, you may not drive it during the event, unless the Advisor, Parent(s), or guardian has approved it.
11. Any additional rules pertinent to the specific event shall be announced by the Advisor or supervising chaperone, and shall be observed as written rules.

**CONSENT TO SEARCH:** The supervisor reserves the right to search any participants' personal belongings to ensure a drug-free environment and full compliance to the Code of Conduct.

**Any infraction of the above rules will result in disciplinary action as determined by the Advisor.**

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**CODE OF CONDUCT**

I have read the above rules, understand them, and will abide by them.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please print full name: \_\_\_\_\_