

Temple Judea - 2019-2020

JUICY Membership Form

JUICY: 9th - 12th grade **JUICY Jr.:** 6th - 8th grade **JUICY Ruach:** 3rd - 5th grade

I- Member's information:

Name: _____ will be joining: Juicy Ruach Juicy Jr. Juicy

Date of birth: ___/___/___ Age: _____ Sex: M/F School attending: _____

M. e-mail: _____ M. cell number: _____ M. T-shirt size: _____

II- Member's information:

Name: _____ will be joining: Juicy Ruach Juicy Jr. Juicy

Date of birth: ___/___/___ Age: _____ Sex: M/F School attending: _____

M. e-mail: _____ M. cell number: _____ M. T-shirt size: _____

III- Member's information:

Name: _____ will be joining: Juicy Ruach Juicy Jr. Juicy

Date of birth: ___/___/___ Age: _____ Sex: M/F School attending: _____

M. e-mail: _____ M. cell number: _____ M. T-shirt size: _____

Member(s) Address:

City: _____ State: _____ Zip: _____

Parent's Information:

Youth programming information should be sent to: ___Both ___Parent 1 ___Parent 2

Parent 1:

Name: _____ E-mail address: _____

Home: _____ Cell number: _____

Parent 2:

Name: _____ E-mail address: _____

Home: _____ Cell number: _____

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Release of Liability and Authorization of Medical Treatment

I hereby grant permission for my child(ren) _____ to participate in all Temple Judea youth programs, activities and events. In consideration for Temple Judea's permitting my child to participate in these programs, activities and events, I hereby release and discharge Temple Judea, its officers, directors, employees, and members and each of their respective agents, successors and assigns, from all claims, actions or demands on account of any injury or loss that may arise in connection with these programs, activities, and events. If my child should sustain any injury during these programs, activities, and events, I hereby grant Temple Judea permission to deliver my child for treatment.

Medical Insurance Company: _____ ID# _____ Group # _____

Name of Insured _____ Doctor's Name _____ Doctor's Phone # _____

Special Medical Requirements, Conditions, Allergies, Limitations, and/or Medications:

Emergency Contact Name: _____

Relationship: _____ Cell Phone: _____

Work: _____ Home: _____

Address: _____

For JUICY only: I approve _____ disapprove _____ of my teen being driven by fellow teens for non-regional events.

Consent to Publication:

I hereby grant permission for Temple Judea to use my child's name, likeness or photograph in any publication, advertisement, display or other medium in connection with the programs, activities and events of Temple Judea.

Parent/Guardian Signature _____ Date _____

2019-2020 Youth Group Dues

9th - 12th graders: \$100.00 (TJ members) \$150.00 (Non-TJ members)

6th - 8th graders: \$75.00 (TJ members) \$100.00 (Non-TJ members)

3rd-5th graders: *Free

***Make all checks out to: Temple Judea
or you can call in a credit card 561-624-4633***

***Youth group is free to all 3rd-5th graders, courtesy of Temple Judea's Youth Group Fund.
Registration fees include NFTY dues and support our Youth Group programming
throughout the year.**

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JUICY B'rit K'Hilah: Covenant of Our Community

I agree to be kind and respectful to my peers.

I agree to follow the rules set by the adult staff.

I agree to put away all electronic devices during programs.

I agree to have fun!

I agree to refrain from inappropriate behavior.

I will promote the creation of a religious youth community based on mutual respect and a sense of personal wellbeing.

I will treat others with Kavod (honor and respect) because we are created B'tzelem Elohim (in the image of God.)

I will attend and participate fully in entire programs, activities and events, unless otherwise agreed upon with the Youth Director.

I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.

I will not commit any illegal act.

I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership will not be tolerated.

I understand that I will have to pay for any damage that I cause.

I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.

I understand that no guests are allowed at any programs, activities and events, unless permission is granted in advance by adult leadership, and that any unauthorized guest will be asked to leave immediately.

I agree to refrain from inappropriate sexual behavior.

I agree to abide by any additional rules, pertinent to specific programs, activities and events, which may be announced and to accept the consequences of their violation.

I will not participate in any activities that could be deemed as hazing, sexual harassing, demeaning, or hurtful.

I understand that these rules of behavior apply from the time I leave home, during, and until I return home for all programs, activities and events.

Youth Member's Signature _____ **Date** _____

Youth Member's Signature _____ **Date** _____

Youth Member's Signature _____ **Date** _____

***Parent/Guardian Signature** _____ **Date** _____

We have read the proceeding rules designed to promote the health and safety of all program, activity and event participants, and fully understand them and indicate complete acceptance by my signature and that of my parent/guardian. We understand that sanctions imposed by the Youth Director for violation could include immediate expulsion from programs, activities and events no matter what the hour, be it evening or day, and at the expense of the parent or guardian.

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Who is JUICY ?

JUICY is Palm Beach Garden's Jewish Youth.

JUICY: 9th - 12th grade JUICY JR: 6th - 8th Grade JUICY Ruach: 3rd - 5th Grade

What is JUICY ?

JUICY is Palm Beach Garden's Reform Temple Youth Group.

When is JUICY ?

JUICY has events, programs and trips throughout the year.

Movie Nights Lock-ins Community Service Cooking Classes Israel & Social Action Programs

Where is JUICY ?

JUICY is located at Temple Judea in Palm Beach Gardens

We have an amazing Youth Lounge. You should stop by!!!

Why JUICY ?

Because we all want to be a part of something amazing. We want to start forming everlasting friendships. We want to be more connected to our Judaism, our community and to ourselves!

How can I get involved?

Registration is open all year. You do not have to be a member of Temple Judea to be a JUICY member.

Contact Alyse Bessell, JUICY Youth Director 561. 513.1391 or alyse@gotj.org

or find us on Twitter, Instagram or Facebook

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Temple Judea 2019 High Holy Day Scholarship Application

Temple Judea would like JUICY-ites (9th-12th grade) to help out during the TJ High Holy Day Services at the Eissey Campus Theater. Help TJ at up to 4 HHD services and earn \$45.00 each. TJ scholarship toward NFTY Kallah's and JUICY Events.

Erev Rosh Hashanah - Sunday, September 29th

7:00 p.m. – 10:00 p.m.

Rosh Hashanah - Monday, September 30th

8:30 a.m. – 11:30 a.m.

11:15 a.m. – 2:30 p.m.

Kol Nidre - Tuesday, October 8th

5:45 p.m. – 8:00 p.m.

8:00 p.m. – 10:30 p.m.

Yom Kippur - Wednesday, October 9th

8:30 a.m. – 11:30 a.m.

11:00 a.m. – 2:30 p.m.

3:30 p.m. – 5:30 p.m.

5:00 p.m. – 8:00 p.m.

1) Be on time:

You MUST be at the Eissey at the time shown.

2) Be ready to help:

You will be asked to pass out books, set up, serve & clean up.

3) Be happy & stay off phone:

You are not only helping TJ but you are earning money too!!

I, _____, JUICY member, agree to help Temple Judea where necessary during the High Holy Day Services. I understand Temple Judea will be relying on me. By helping at the 4 service times I have selected, Temple Judea will award me with \$45.00 each to use toward NFTY Kallah and/or JUICY events.

I, _____, parent of above teen, understand that Temple Judea will be relying on my teen during the above chosen dates. I am aware of the above obligations made by my teen and will help my child fulfill them.

Parent Signature

Teen Signature

*This scholarship application is due to Alyse Bessell by September 9th - alyse@gotj.org or TJ Office.
3 teens per time slot. Sign-up based on first come, first served.*

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Temple Judea 2019-2020 Shabbat Scholarship Application

Temple Judea would like to ask JUICY-ites 9th-12th grade, to help out during our Friday night services. Help TJ at up to 5 Shabbats and earn \$30 each in TJ scholarship toward NFTY Kallah's and JUICY events.

Pick 5 Fridays to help:

- September 13th
- October 11th
- November 8th
- December 13th
- January 10th
- February 14th
- March 13th
- May 8th

1) Be on time: 5:30pm - 7:30pm

2) Be ready to help:

You will be asked to pass out books, set up, serve & clean up.

3) Be happy & stay off your phone:

You are not only helping TJ, but you are earning money too!!

I, _____, JUICY member, agree to help Temple Judea where necessary during Shabbat Services . I understand Temple Judea will be relying on me. By helping at the service times I have elected, Temple Judea will award me with \$30.00 an evening to use toward NFTY Kallah and/or JUICY events.

I, _____, parent's of above teen, understand that Temple Judea will be relying on my teen during the above chosen dates. I am aware of the above obligations made by my teen and will help my child fulfill them.

Parent Signature

Teen Signature

*This scholarship application is due to Alyse Bessell by September 9th - alyse@gotj.org or TJ Office.
4 teens per time slot. Sign-up based on first come, first served.*