

Senior TASTY, Junior TASTY & Club 45 Emergency Release Form

For 4th – 12th graders - One form per family

Student's Name _____ Birth date _____ (circle one) Sr. Jr. Club 45

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I, the undersigned parent/guardian of the above child(ren), authorize Temple Ahavat Shalom and its authorized representatives as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable to be rendered under the general or specific supervision of any licensed physician or dentist (under the provision of the California Medicine Practice Act and Dentist Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, dentist or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I give my permission for my child(ren) _____ to participate in all TAS programs, activities and events and do release Temple Ahavat Shalom and its representatives from all liability arising out of my child's participation.

Parent Name (Please print) _____ Parent signature _____ Date _____

Code of Conduct

I will promote the creation of a youth community based on mutual respect and a sense of personal well-being. I will treat others with honor and respect. I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance with my signature and that of my parent/guardian.

I will not possess, consume, or distribute alcoholic beverages while attending TAS Youth Group events.

I will not possess, use, or distribute any illegal drug or drug paraphernalia.

I will not smoke or consume or distribute tobacco products at any time.

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 chaperones will not be tolerated. I understand that I will have to pay for any damages that I cause. I understand that no gambling is allowed.

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

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

I will attend and participate fully in the entire event, unless otherwise agreed upon with my chaperone or guardian. I will arrive on time, stay to the end, and remain on the event premises at all times.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

We understand that part of the Youth Group experience involves activities and interactions that may be new for my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have to instruct my child on the importance of abiding by the Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by any chaperone for any violation could include immediate expulsion from the event, at the expense of the parent or guardian.

Student's Name _____ Student signature _____

Student's Name _____ Student signature _____

Student's Name _____ Student signature _____

Parent Name _____ Parent Signature _____

Home Phone # _____ Cell Phone # _____

Allergies _____ Insurance & card number _____

Physician's Name _____ Phone # _____