



UNITED SYNAGOGUE YOUTH

SAUSY (San Antonio USY) Membership Form

Congregation Agudas Achim * 16550 Huebner Road, San Antonio, TX 78248

Name _____ Birth date _____ Gender _____

Address _____

City, State, Zip Code _____

Telephone _____ E-mail _____

High School _____ Graduation Year _____

Screen Name _____ Family Synagogue Affiliation _____

Parent's Consent, Agreement, and Medical Release

I hereby release Southwest Region USY, the United Synagogue of Conservative Judaism, and Congregation Agudas Achim of any liability in case of accident en route to or from any USY event. I understand that my child may be transported to and from events by teenage drivers.

I hereby authorize Benji Bearman, Regional Youth Director, or the San Antonio USY Advisor to give consent for medical treatment for _____ (name of child)

if such need arises en route to, from or during any USY event and I cannot be reached for consent.

(Parent's signature and date)

In case of emergency, please contact:

_____ (w) _____ (h) _____ (relation)

Medical insurance Company _____

Policy Number _____

List any specific medical information here, including allergies, medications, and conditions that might limit participation in activities: