



# USY MEMBERSHIP FORM 2022-2023

## FLIPPER CHAPTER Fair Lawn-Paramus-Ridgewood

### For all 8<sup>th</sup>-12<sup>th</sup> grade students

Please print both pages of this membership form and return with a **check for dues** made payable to **JCCP/CBT-FLIPPER**.

Annual dues are just \$18.

**(Flipper members receive free or discounted rates at all FLIPPER events)**

*If fees are prohibitive please let us know.*

Mail form and check to: Marcia Kagedan, JCCP/CBT, 304 East Midland Avenue, Paramus, NJ 07652

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of Sept. 2022: \_\_\_\_\_

Grade as of Sept. 2022: \_\_\_\_\_

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

Student's Email Address: \_\_\_\_\_ Student's Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Mother's Cell Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Home Address (if different than above): \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Father's Cell Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Home Address (if different than above): \_\_\_\_\_

#### Synagogue Membership

Is the family affiliated with a synagogue?  Yes  No If yes, which one? \_\_\_\_\_

(Synagogue membership not required for FLIPPER membership)

**QUESTIONS? Contact FLIPPER Advisor, Marcia Kagedan  
201- 815-8136 or [edudirector@jccparamus.org](mailto:edudirector@jccparamus.org)**

**FLIPPER USY Sponsoring Synagogues:  
Fair Lawn Jewish Center/Congregation B'nai Israel -- (201) 796-5040  
Jewish Community Center of Paramus/Congregation Beth Tikvah – (201) 262-7691  
Temple Israel & JCC (Ridgewood) -- (201) 444-9320**

**FLIPPER USY Permission Slip**

I, \_\_\_\_\_ (name of parent), do hereby consent and agree to the participation of my son/daughter \_\_\_\_\_ (name of child) in all activities of the FLIPPER USY programs.

I agree to waive all rights and claims against the FLIPPER USY programs. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that the sponsoring synagogues and FLIPPER USY have no liability if my child travels to an event in any vehicle either provided by or not provided by the sponsoring synagogues of FLIPPER USY.

I certify that my son/daughter is in good physical condition, and that my son/daughter has no medical or physical condition that would restrict their participation in any FLIPPER USY program.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to contact the parent(s) or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by FLIPPER USY, its employees, advisors or agents, to hospitalize, secure proper and ongoing treatment and to order injections, anesthesia or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

**Name and phone # of child's physician:**

\_\_\_\_\_

**Please identify all allergies, chronic illnesses, other conditions:**

I allow photos of my child to be used in social media. Yes/No

I have read this agreement and understand its purpose and agree to its terms.

\_\_\_\_\_  
Parent signature and phone #

\_\_\_\_\_  
Emergency contact person and phone #

