

# KADIMA MEMBERSHIP FORM 2023-2024

## FLIPPER CHAPTER

Fair Lawn-Paramus-Ridgewood

**For all 4<sup>th</sup>-7<sup>th</sup> grade students**

Please print both pages of this form and return  
to Marcia Kagedan, USY Advisor, at your first event.

**This year is pay per event. No membership fee but this form is required,**

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept. 2023: \_\_\_\_ Grade as of Sept. 2023: \_\_\_\_

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

Student's Email Address (optional): \_\_\_\_\_ Student's Cell Number (optional): \_\_\_\_\_

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 is not required to participate in our youth program).

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

**FLIPPER KADIMA 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 KADIMA 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 KADIMA programs.

I agree to waive all rights and claims against the FLIPPER KADIMA 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 KADIMA have no liability if my child travels to an event in any vehicle either provided by or not provided by the sponsoring synagogues or FLIPPER KADIMA.

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 KADIMA 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 KADIMA, 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 #