

Youth Group Registration Form 2018-19

Student Name:		Age as of 9/1/18:	DOB:
Student Hebrew Name:		Grade Level for 2018-19:	
Parent 1 Name:		Cell Phone Number:	
Email:		Work Phone Number:	
Parent 2 Name:		Cell Phone Number:	
Email:		Work Phone Number:	
MAILING ADDRESS			
<i>Please indicate the mailing address where Chavaya correspondence should be mailed.</i>			
Home address:		City:	Zip Code:
Home Phone:			
Member of B'nai Israel: (circle yes or no)		YES / NO	
EMERGENCY CONTACTS			
<i>In case of emergency, please provide the names and contact information of individuals we should contact should parents not be accessible by phone.</i>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

MEDICAL RELEASE

It is understood by both the signee and Congregation B'nai Israel that effort shall be made to contact the undersigned prior to rendering treatment to the abovenamed minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is valid only for treatment of emergencies when the undersigned is not available or reachable, by the Congregation B'nai Israel, to give consent. This consent shall remain effective from 07/01/18 - 06/30/19.

Signature of Parent or Legal Guardian

Date Signed

For Office Use Only		
Date Received: / /	All Paperwork Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials:
Fees Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy to Director: <input type="checkbox"/> Yes <input type="checkbox"/> No