



BEACH YOUTH DEPARTMENT MEMBERSHIP APPLICATION 2011-2012 5772



APPLICANT INFORMATION

Membership includes: Chapter T-Shirt, International Dues, Regional Dues, International "613 Mitzvah Club" Membership & Office Expenses

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	Zip Code:
School Name:	Grade:	Allergies:

PARENTAL INFORMATION

Father/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone:	Work Phone:	Cell Phone:
Mother/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone:	Work Phone:	Cell Phone:
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Synagogue Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Temple Name:	Phone:

EMERGENCY CONTACT

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Relationship:	

MEDICAL INFORMATION

Physician Name:		
Address:		Phone:
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Policy #:
Health Insurance Address:		
City:	State:	Zip Code:

MEMBERSHIP INFORMATION (check all that apply)

Fees: USY/Kadima Synagogue Members \$75 Fees: USY/Kadima Non Synagogue Members \$100

I give my son/daughter permission to take part in the Beach USY/Kadima programs for the current Programming year. As parent/legal guardian, I hereby release Beach USY/Kadima and Temple Emanu-El of Palm Beach and its Staff of any and all liabilities incident to and arising out of all Beach USY/Kadima Youth Programs. In addition, I hereby give permission to the groups' advisor and/or youth coordinator to secure proper medical treatment in case of an emergency.

Signature of Parent/Legal Guardian:	Date:
Signature of Spouse:	Date:

*Please make all checks payable to Temple Emanu-El with Beach USY in the memo line and return to
Beach USY @ Temple Emanu-El of Palm Beach, 190 N. County Rd., Palm Beach, FL 33480