

**YOUTH INFORMATION**

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

Name: _____

Date of Birth: _____ Email: _____ Cell Phone: _____

Address: _____

School Name: _____ Grade: _____ T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____ Best Contact Method: _____

Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian Name: _____ Best Contact Method: _____

Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parents are: Married Divorced Separated

Synagogue Member: Yes No Temple Name: _____ Phone: _____

EMERGENCY CONTACT

(If parents/guardians are unable to be reached, please provide alternate contact)

Name: _____

Address: _____

Phone: _____ Relationship: _____

MEDICAL INFORMATION

Physician Name: _____

Address: _____

Health Insurance: Yes No Name: _____ Policy #: _____

Health Insurance Address: _____

Allergies: _____ Dietary Restrictions: _____ Special Needs: _____

MEMBERSHIP INFORMATION

Group	Grades	Temple Emanu-El Members	Non-Members
<input type="checkbox"/> USY	9 – 12th	<input type="checkbox"/> \$90	<input type="checkbox"/> \$115
<input type="checkbox"/> Kadima	6 – 8th	<input type="checkbox"/> \$65	<input type="checkbox"/> \$90
<input type="checkbox"/> Pre-Kadima	3 – 5th	<input type="checkbox"/> \$18	<input type="checkbox"/> \$36

I authorize Temple Emanu-El of Palm Beach to charge my Credit Card on file for all youth related expenses.

I give my son/daughter permission to take part in the Beach USY/Kadima/Pre-Kadima programs for the current programming year. As parent/legal guardian, I hereby release Beach Youth Group and Temple Emanu-El of Palm Beach and its Staff of any and all liabilities incident to and arising out of all Beach 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: _____

***Please make all checks payable to Temple Emanu-El with Beach USY in the memo line and return it to Temple Emanu-El of Palm Beach, 190 N. County Rd., Palm Beach, FL 33480 • (561) 832-0804**

For payment by credit card please contact the Temple office