



BEACH YOUTH DEPARTMENT MEMBERSHIP FORM 2018 – 2019 / 5779



YOUTH INFORMATION

(Membership includes: Chapter T-Shirt, International, 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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*

