

CONGREGATION



Beth El



Youth Department Membership Application Form 2009/2010

8660 Gilman Drive, La Jolla, CA 92037 • 858.452.1734 • fax 858.452.5578

PLEASE CHECK THE APPROPRIATE BOX

- | | | |
|--|---|---|
| <input type="checkbox"/> Machar (Grades 2&3) | <input type="checkbox"/> Beth El members \$25 | <input type="checkbox"/> non members \$30 |
| <input type="checkbox"/> Kadima(Grades 4-6) | <input type="checkbox"/> Beth El members \$50 | <input type="checkbox"/> non members \$70 |
| <input type="checkbox"/> USY (Grades 7-12) | <input type="checkbox"/> Beth El members \$65 | <input type="checkbox"/> non members \$85 |

MEMBERSHIP INFORMATION

Name _____

Home Address _____

City _____

State _____

Zip _____

Grade _____

Birthday _____

M F

Home Phone _____

Work Phone _____

Cell Phone _____

Personal Email _____

Parent's Email _____

Mother's Full Name _____

Occupation _____

Father's Full Name _____

Occupation _____

SIBLING INFORMATION

Please fill in the names of all you siblings and their grades

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Main Phone _____

Alternate Phone _____

Address _____

Allergies, medical conditions, medications _____

MEDICAL INFORMATION

Date of last Tetanus booster _____

Insurance Co. _____

Policy # _____

Group # _____

Name of Policy holder _____

Physician name _____

Phone # _____

Check here to allow your photographs to be used for internal & external publicity.

ALL OF THE INFORMATION ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE IMPORTANCE OF KEEPING THIS INFORMATION ACCURATE AND AGREE TO CONTACT THE REGIONAL DIRECTOR PRIOR TO ANY REGIONAL PROGRAM THAT MY CHILD WILL ATTEND IF THERE IS ANY CHANGE IN HIS/HER MEDICAL CONDITION.

I/We, the undersigned parent(s) guardian(s) of _____ a minor, do hereby give permission to participate in all Congregation Beth El Machar Kadima USY programs, activities, and events and do release Congregation Beth El and its representatives from liability arising out of my child's participation in such activities.

In addition, I/We the undersigned parent guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize Congregation Beth El and its authorized representatives as agents for the undersigned to consent to any x-ray examination, anesthetic, medical and or surgical diagnosis or treatment and hospital care which is to be rendered under the general or specific supervision of any licensed physician (under the provision of the California medicine practice act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above-named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

I/WE hereby authorize any hospital which has been provided to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health & Safety Code of California.

I/WE also understand that my child is obliged to conform to the Youth Department Code of Conduct and I/We understand that failure to comply with the code will serve as a basis for ejection from the group without refund.

I/WE HAVE READ AND FULLY AGREE TO THE MEDICAL LIABILITY FORM ABOVE:

(Parent or Guardian Only)

(Date)

For office use:

Date Received _____