

Santa Cruz Reform Federation of Youth (SRFY)
9th- 12th grade
Membership Form
2009-2010

Youth Group Member's Full Name _____
Address _____
Youth Home Phone _____ cell # _____
Parent e-mail address _____
Youth e-mail address _____
Guardian #1 _____ Guardian #2 _____
Hm.# _____ Wk.# _____ Hm.# _____ Wk.# _____
Cell/Pager # _____ Cell/Pager # _____

YOUTH'S MEDICAL INFORMATION

Medical Insurance Company: _____ Policy # _____
Please indicate ANY special medical considerations that your child has(e.g. allergies, diabetes, asthma, etc.) _____

Please list any medications that your child is on: _____

PARENTAL AUTHORIZATION

I approve this application and release Temple Beth El and its agents from all responsibilities other than supervised scheduled activities. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by TEMPLE BETH EL adult leadership to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signature of Parent/guardian _____ Date : _____

EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN

Name: _____ Phone() _____

Name: _____ Phone() _____

SENIOR YOUTH GROUP DUES

Please send \$40 for youth group dues (This money allows us to maintain the youth group and put on events throughout the year). Make checks payable to: ***Temple Beth El SRFY and place into the box of Kathy Goldenkranz***

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Please fill out both sides of this form and bring it to the first SRFY event you attend, along with your dues money.

THIS FORM MUST BE COMPLETED AND TURNED IN TO THE SRFY MEMBERSHIP VP NATHAN SILVERGLATE OR TO KATHY

**GOLDENKRANZ AT THE TEMPLE BETH EL OFFICE FOR YOU TO
ATTEND ANY SRFY EVENT.**

***IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT ROBERTA VIVIANI AT
462-2594 OR DAVID SILVERGLATE AT 423-2466***

THIS FORM IS DUE OCTOBER 22, 2009.