

**Santa Cruz Reform Federation of Youth (SRFY)**  
**9<sup>th</sup>- 12<sup>th</sup> grade**  
**Membership Form**  
**2007-2008**

Youth Group Member's Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ 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**

Name: \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone( ) \_\_\_\_\_

**SENIOR YOUTH GROUP DUES**

-Please send \$36 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**

-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 YOUTH DIRECTOR OR THE TEMPLE BETH EL OFFICE FOR YOU TO ATTEND ANY SRFY EVENT.**

*IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT ALICE PENNES AT (831) 479-3444 EXT 204. OR BY E-MAIL AT APENNES@TBEAPTOS.ORG*