

**MEMBERSHIP FORM 2011 ~ 2012
BETH EL TEMPLE YOUTH ~ BETY
GRADES 6 ~8**

Youth Group Member's Full Name: _____

Address: _____

Home Phone: _____

Parent Email Address: _____

Guardian #1: _____ Home #: _____ Work #: _____

Cell /Pager #: _____

Guardian #2: _____ Home #: _____ Work #: _____

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 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 Parent / Guardian: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

JUNIOR YOUTH GROUP DUES

- ✧ Please send \$25.00 for Youth Group Dues
- ✧ Make checks payable to: **Temple Beth El with BETY in the memo line**
- ✧ Please fill out this form and bring it to the first BETY event you attend along with your dues money

**THIS FORM MUST BE COMPLETED AND TURNED IN TO RABBI SHIFRA AT THE TEMPLE BETH EL OFFICE IN
ORDER FOR YOU TO ATTEND ANY BETY EVENT**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT RABBI SHIFRA AT (831) 479-3444 X.217 OR BY EMAIL AT swp@tbeaptos.org

(OVER)