

Beth El Temple Youth (BETY)
(6th - 8th grades)
Membership Form
2009-2010

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() _____

JUNIOR YOUTH GROUP DUES

-Please send \$25 for youth group dues.
Make checks payable to: *TBE JR. YOUTH GROUP*
-Please fill out both sides of this form and bring it to the first BETY event you attend, along with your dues money.

THIS FORM MUST BE COMPLETED AND TURNED INTO RABBI SHIFA OR KATHY GOLDENKRANZ AT THE TEMPLE BETH EL OFFICE FOR YOU TO ATTEND ANY BETY EVENT.

IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT Kathy at 588-4608

FORMS MUST BE IN BEFORE NOVEMBER 8, 2009

Over