

**MEMBERSHIP FORM 2011 ~ 2012**  
**SANTA CRUZ REFORM FEDERATION OF YOUTH (SRFY)**  
**GRADES 9 ~ 12**

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: \_\_\_\_\_

**SENIOR YOUTH GROUP DUES**

✧ Please send \$40.00 for Youth Group Dues. (This money allows us to maintain the Youth Group and to put on events throughout the year).

✧ Make checks payable to: **Temple Beth El with SRFY in the memo line**

✧ Please fill out 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 RABBI SHIFRA AT THE TEMPLE BETH EL OFFICE IN ORDER FOR YOU TO ATTEND ANY SRFY EVENT**

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