



Temple Beth Ami Youth Group Registration

Activities for our children, youth and teens enrich their Jewish learning and sense of community. Our activities are open to members and non-members. Additional fees may be required at special events. This year, our new Youth Activities Leader will help to organize and supervise events. Your volunteer support is needed to make each event a successful, fun and learning experience for your child.

Youth Group Membership - Annual Fee per child: \$180

Please complete one form for each child

Child's Name:	T-Shirt Size: Adult S, M, L, XL Child S, M, L, XL
Mom's Name:	Dad's Name:
Lives w/ Both Parents ___ Mom Only ___ Dad Only ___ Shared Custody ___ Legal Guardian ___ Other ___	
Home Address:	Mom/Dad/Legal Guardian (circle one) Home Phone:
E-Mail Address:	Mom/Dad/Legal Guardian (circle one) Work Phone:
Child's E-Mail Address:	Mom/Dad/Legal Guardian (circle one) Cell Phone:
Emergency Contact In-State: Name: _____ Relationship: _____	Emergency Contact Out of State: Name: _____ Relationship: _____
Phone Number: _____ Cell Phone: _____	Phone Number: _____ Cell Phone: _____
Child's Birth Date: _____ Age: _____	Grade in School: _____ School Attended: _____
Special Medical/Physical needs or limitations which may require the following adaptations/medications and/or cause Behavioral Changes (Be specific and detailed. Use the back of this page if necessary)	Special Educational or Emotional Needs/Behavior Changes. (Be Specific and detailed. Use the back of this page if necessary)
Physician's Name:	I (we) _____ Print parent(s)/guardian names (1 or both) Parents of _____ give (Print child's name) permission to the chaperones representing Temple Beth Ami Youth Group activities to seek emergency medical treatment for my above named child: Signature: _____ Signature: _____
Physician Telephone Number:	
Physician Address:	
Medical Insurance Policy Holder:	
Insurance Company:	
Policy Number:	
Type: ___ HMO ___ PPO ___ Indemnity ___ Other	
Comments:	