

**Anshe Emeth Memorial Temple
Youth Group Registration Form 2017-2018**
You may use this form for two participants.*

Participant (s) Information**Participant 1: Name** _____

Home # _____ Cell # _____

Email address _____

D.O.B ____/____/____ Grade in School _____

Please check all that apply*:

- Mini Mitzvah Corps (3rd-6th grade)
 MAETY (5TH and 6th Grade)- \$36
 JAETY (7TH & 8TH Grade)- \$36
 AETY (9th-12th Grade)- \$54
 My child is on Facebook

Participant 2: Name _____

Home # _____ Cell # _____

Email address _____

D.O.B ____/____/____ Grade in School _____

Please check all that apply*:

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 MAETY (5TH and 6th Grade)- \$36
 JAETY (7TH & 8TH Grade)- \$36
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*Please make your check payable to **Anshe Emeth Memorial Temple Youth Group**. Please write Youth Group Dues in the memo.**Parent/Guardian Information**

Parent/ Guardian 1 _____

Home # _____ Cell # _____

Work Phone _____

Email address _____

Home Address _____

City, State _____ Zip Code _____

Parent/ Guardian 2 _____

Home # _____ Cell # _____

Work Phone _____

Email address _____

Home Address _____

City, State _____ Zip Code _____

Participant Lives with: _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____ Both

- Please contact me to volunteer
 I am on Facebook

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 I am on Facebook

Emergency Contacts (if a parent/guardian cannot be reached)**Emergency Contact 1**

Name _____

Relationship _____

Home # _____ Cell # _____

Emergency Contact 2

Name _____

Relationship _____

Home # _____ Cell # _____

Health Insurance Information

Health Insurance Company _____ Group # _____ Policy # _____

Name of Insured _____ Insured's Relationship to Participant (s) _____

Insured's Date of Birth _____

Prescription Plan Information

Name of Insured _____ Relationship to Participant _____

Company Name _____ Group # _____ Policy # _____

Prescription Information # _____ Co-Pay Amount: Generic _____ Brand _____

Name of Youth Group Participant _____

Health and Safety Information (please attach sheets with additional information if necessary)

Allergies

This participant is allergic to: _____

Dietary Needs

- Vegetarian
- Gluten Free
- Lactose Intolerant
- Kosher
- Vegan
- Other _____

Current Medications and Dosages

My child takes the following medication(s)-with dosages

Over-the-Counter Medication

My child may be given over-the-counter medications.

List any medications that may not be given _____

Please do not give my child over-the-counter medications.

Creating A Supportive Environment

The following questions assist us in creating a supportive environment for your child/teen.

My child has the following (please attach):

- IEP
- 504 Plan
- Behavior Plan
- We are working on developing one or more of above

Please note any restriction on activities, what cannot be done, and/or any limitations or adaptations necessary.

Is there anything else we should know that would help us to make youth group a better experience for your child/teen? _____

Name of Youth Group Participant _____

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My child, named above, has my permission to attend and participate in youth group activities. I have indicated any pertinent medical information above. I agree to the terms and conditions of this application. I understand that my child may travel by bus hired by Anshe Emeth Memorial Temple (AEMT), or by a licensed driver, for events off AEMT premises, and agree to release AEMT and the Director of Youth Activities from any responsibility for any harm which may come to my child while traveling.

Parent/Guardian initials _____

I give AEMT permission to use photographs and video of my child for promotional purposes.

Parent/Guardian initials _____

I, _____, the parent or guardian of _____, certify that this health and safety history is correct and complete to the best of my knowledge. My child herein described has permission to engage in all programs and activities except as noted. With my signature I give permission to AEMT to provide routine health care and seek emergency treatment if needed, including ordering X-rays or routine tests. I agree to the release of any records necessary for insurance purposes. In an emergency, and in the event the parent/guardian cannot be reached, I give permission to the physician/health care provider selected by AEMT to secure and administer treatment, including hospitalization, for my child.

Parent/Guardian Signature _____

Date _____