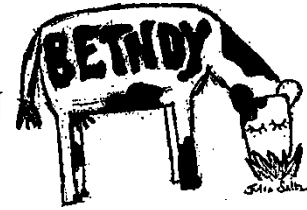


Beth David Youth

2011-2012 YOUTH ACTIVITIES REGISTRATION

1130 Vaughans Lane, Gladwyne, PA 19035 * (610) 896-7485* FAX (610) 642-5406



YOUTH'S NAME _____ DATE OF BIRTH ____/____/____

ADDRESS: _____ CITY _____ ZIP _____

YOUTH MEMBER'S PHONE # _____ EMAIL ADDRESS _____

PARENT/GUARDIAN: _____ HOME # _____ WORK # _____

PARENT/GUARDIAN: _____ HOME # _____ WORK # _____

SECULAR SCHOOL: _____ GRADE IN FALL: _____

ENROLLED IN BETH DAVID RELIGIOUS SCHOOL PROGRAM? (CIRCLE ONE) YES / NO

MEMBER OF BETH DAVID? (CIRCLE ONE) YES / NO IF NOT, WHERE?: _____

MEDICAL INFORMATION AND RELEASE: (KEPT ON FILE FOR THE ENTIRE YEAR) DATE: _____

The undersigned parent(s) or legal guardian(s) of _____, hereby consent(s) to my child's participation in the Beth David Youth Activity Program. In consideration of Beth David's acceptance of my/our child as a participant in the Youth Activities Program, I/we both individually and as legal guardian(s) of my/our child, hereby waive any and all claims against Beth David, its agents, employees and volunteers that may arise out of any injury, loss or damage, suffered by my/our child during any program activity. I/we hereby authorize Beth David and its employees and agents to act as my /our agent to consent to or arrange for any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child during any program activity.

Signed _____ Relationship _____

In case of an emergency please contact:

_____ Home # _____ Work # _____ Mobile # _____

Name

_____ Home # _____ Work # _____ Mobile # _____

Name

Medical Insurance Carrier: _____ Policy & group # _____

Insurance Carrier Phone Number _____ Insured Person's Name _____

Please answer YES or NO to the following questions:

1. Does your child have any history, physical or emotional, which requires treatment or concern? _____

If yes, please explain. _____

2. Has your child previously been treated for or is now engaged in counseling service, specialized classroom setting or any supportive care? _____

If yes, please explain _____

3. Is your child taking any medication regularly for the above needs? _____ If yes, please advise name of medication(s). _____

Other Medical or Special info: (allergies / medication/ dietary concerns, special needs, etc.) _____

As a participant in a Beth David Youth program or event, I will conduct myself so as to promote mutual respect among members, participants, chaperones and Beth David staff. I agree to abide by the following rules at and during transportation to and from all Beth David Group meetings, programs and events.

Please complete both sides of this form!

Code of Conduct

1. I will not possess, consume or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes.
2. I will not possess, consume or distribute any illegal drug or any drug paraphernalia.
3. I will not possess, consume or distribute tobacco products.
4. I will refrain from inappropriate sexual behavior.
5. I will not possess or use weapons of any kind.
6. I will not physically or verbally harass assault, intimidate or intentionally annoy any other participant, chaperone or temple staff.
7. I will not gamble unless it is a fundraiser approved by Beth David staff.
8. I will not commit any act of vandalism or destruction of property. I will be financially responsible for any property that I damage or destroy.
9. I will participate in the entire event or program, remain on the premises at all times and use the transportation provided unless I have received prior approval from the adult official in charge to do otherwise.
10. I will not bring unauthorized guests.
11. I will abide by the curfew applicable to the event.
12. I will not violate any applicable law.
13. I will abide by any additional rules that may be announced for specific events or activities.
14. If cell phones are brought to an event, they are not to be used at any time during the event, unless there is an emergency. If there is a need to use the phone, any call must be cleared with the youth advisor/adult in charge. If the phone is misused, it will be confiscated and returned at the end of the event.
15. Any act that is in violation of Federal, State or Local laws will be considered a violation of the code of conduct.

Any Code of Conduct violation may result in expulsion from the event during which the violation occurs! I, the undersigned, have read these rules and agree that the participant will abide by them.

Registration:

Registration deadlines are listed on each event form and we strictly adhere to such deadlines. If you miss a registration deadline, **do not contact the office staff.** Permission to attend an event after the registration date must be obtained from the Youth Director or Junior Youth Advisor for any BETH DAVID YOUTH event.

Dismissal Procedures:

Dismissal from an event is closely monitored in order to ensure the safety of the participants. **A parent or responsible adult must come to the point of dismissal and meet the child.**

Guests:

Beth David Youth events provide the youth of our synagogue with the opportunity to interact with other Jewish youth in a variety of activities. Any member who would like to bring a guest must have the guest's attendance approved prior to registration. Approval may only be given by the youth advisors. Please speak to them prior to submitting the event registration form.

YOUTH'S SIGNATURE _____ DATE _____

PARENT/ GUARDIAN SIGNATURE _____

DUES STRUCTURE: 2011/2012- YOUR CHECK MUST ACCOMPANY THIS APPLICATION.

Paid youth do not pay for food at any meeting, gathering or lounge night that takes place at Beth David.

Please make checks payable to Beth David Youth.

_____ **BethDY and NFTY-PAR (Grades 9-12): \$36.00**

_____ **BethDY Jr. (Grades 6-8): \$18.00**

_____ **Junior Youth Activities (Grade 3-5): \$18.00**

Please mail this completed form along with your check to:

*Beth David Youth
1130 Vaughans Lane
Gladwyne, PA 19035*

**If you have any questions, please contact Ronit Leboff of Susan Levey.
E-mail: youth@bdavid.org Phone: 610-896-7485**