

# Etz Chaim Youth Group

## Membership Application 2009-2010

Don't miss out on a fantastic year filled with exciting events - join one of Etz Chaim's three youth groups today! By joining a youth group, you will get to participate in chapter, regional and international programs, meet lots of new people and have a fun filled year.

Junior Kadima (grades 3,4,5) - dues \$46

Kadima (grades 6,7,8) - dues \$60

USY (grades 9,10,11,12) - dues \$76

Name \_\_\_\_\_ T-shirt size:(circle one) S M L XL  
Jr. Kadima Tshirt Sizes YS YM YL YXL

Grade (as of Sept '09) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Child's Cell Number \_\_\_\_\_

Can we text reminders to your cell phone? Yes No (only your cell carrier's text rates apply)

Email Address\_(child's) \_\_\_\_\_

Are you a new member of the group you are joining? \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parent Email address \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Are there programs you have attended in the past that you would like to see repeated or ideas for new programs you would like to see for the upcoming year? If so, please list/describe these programs.

What is your preferred method of contact for us to remind you about youth department events?

Please Circle

Phone E-mail Mail

Please return this COMPLETED form with a check attached to:

Etz Chaim Youth Department,

1190 Indian Hills Pkwy

Marietta, GA, 30068.

Contact Abbie Burk, youth director, at

(770) 971-5213 or Abbie@EtzChaim.net If you have any questions.

**DON'T FORGET TO COMPLETE THE REVERSE SIDE OF THIS APPLICATION!**

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Page 2

This information will be kept confidential!

Name of child \_\_\_\_\_

Grade \_\_\_\_\_ DOB \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Emergency Contact Name (different from above)

\_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Child's Allergies to medicines, pets foods, etc:

Any medical condition we should be aware of:

I hereby grant full permission for my child, \_\_\_\_\_, to participate in Etz Chaim's youth activities. I release Congregation Etz Chaim, it's employees, and any chaperones associated with the youth program from any liability or responsibility should my child be injured at any youth event. In an emergency, I give my permission to the Youth Director, Advisor, or other appropriate adult to initiate proper medical treatment for my child. I am clear on this policy and understand it is my responsibility to address any questions with the Youth Director or Executive Director BEFORE signing this waiver. My signature here indicates I understand and accept these conditions.

**For USY—** My child is /is NOT allowed to ride with teenage drivers (please circle)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature of Guardian \_\_\_\_\_