



# TEMPLE BETH DAVID

## YOUTH GROUP

### YOUTH GROUP MEMBERSHIP FORM 2016-2017

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cellphone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\*For Grades 6 - 12 please include student email and cellphone below IF they may be contacted directly

Student: \_\_\_\_\_ Grade \_\_\_\_\_

\*Student Email: \_\_\_\_\_ \*Student Cellphone: \_\_\_\_\_

Student: \_\_\_\_\_ Grade \_\_\_\_\_

\*Student Email: \_\_\_\_\_ \*Student Cellphone: \_\_\_\_\_

Please check preferred way/s to contact you:

For all Grades:     Parent email     Parent cellphone

For Grades 6 - 12     Student email     Student cellphone

### ANNUAL MEMBERSHIP

As a member of any of the youth groups all in-temple events are FREE for the year. Events for NFTY67/Inters and Teen Leadership Corp/Seniors out of the temple may have separate fees per event. The fee for individual in-temple events for students who are not members of Youth Group is \$10/event. Everyone is always welcome!

Freshman (3<sup>rd</sup> G)                      \$36 (TBD member)                      \$45 (non-temple member)

Juniors (4<sup>th</sup> & 5<sup>th</sup> G)                      \$50 (TBD member)                      \$60 (non-temple member)

NFTY 67/Inters (6<sup>th</sup> & 7<sup>th</sup> G)                      \$50 (TBD member)                      \$60 (non-temple member)

Teen Corp/Seniors (8<sup>th</sup>-12<sup>th</sup> G)    NO Annual Fee - pay per event as necessary

(Sibling discount \$5)

**Please Make Checks Payable to Temple Beth David Youth Group**



**TEMPLE BETH DAVID**  
YOUTH GROUP

**CONFIDENTIAL HEALTH FORM 2016-2017**  
(please complete a separate form for each student)

Student: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent 1 Cellphone: \_\_\_\_\_

Parent 2 Cellphone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication/s: \_\_\_\_\_

Special Instructions, including dietary needs: \_\_\_\_\_

\_\_\_\_\_

**As Parent/Guardian, I give my permission for my child to participate in Youth Group. I give the Youth Group Leader and/or Temple staff authorization to give permission for emergency treatment. I also understand that photos of my child may appear in any Temple Beth David related Website or social media site including, but not limited to Facebook.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date