

CBEYG (Congregation Beth Emeth Youth Group)
2011-2012 Membership Form

Submit dues to Advisor Brett Kessler before or on **October 12th, 2011**.
*Please make checks payable to **CBEYG**.*

Dues: \$145 for members of Beth Emeth / \$205 for non-members.
Dues include dinners at each Wednesday night meeting and the annual give-away.

General Information

Youth (Member) Name: _____ Grade: _____

Birthday: ____/____/____

Home Address: _____

Contact Phone: _____ Cell Phone: _____ Email: _____@_____

Facebook, Twitter, IM Names etc.: _____

Please list any special needs (food, allergies, physical restrictions, etc.): _____

Parent/Guardian Name (1): _____

Contact Phone: _____ Cell Phone: _____ Email: _____@_____

Parent/Guardian Name (2): _____

Contact Phone: _____ Cell Phone: _____ Email: _____@_____

Alternate Emergency Contact: _____

Relationship: _____ Contact Phone: _____ Cell Phone: _____

Parent/Guardian Medical Release

Signatures on the Parent/Guardian Medical Release apply to all local and regional CBEYG events for the 2011-2012 year.

Youth (Member) Name: _____

Date of last Tetanus Booster: ____/____/____

Medications: _____

Medical Insurance Company: _____

Policy Number: _____

Preferred Hospital: _____

PLEASE NOTE ANY **SPECIAL NEEDS** (food, allergies, physical restrictions, etc.):

To my knowledge, this health history is correct. The youth above has my permission to engage in youth group activities, except those noted in the Code of Conduct. I release Congregation Beth Emeth and its agents from all responsibilities, other than the supervision of scheduled activities. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the CBEYG Advisor to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above.

Parent/Guardian Signature: _____

Date: ____/____/____

The CBEYG advisor has my permission to give my child _____ Advil or Tylenol in the event that he or she feels it is needed. (if no, leave blank and do not sign below)

Parent/Guardian Signature: _____

Date: ____/____/____

Driving Release

Signatures on the Driving Release apply to all local CBEYG events for the 2011-2012 year.

I give permission for my child _____ to drive to/from CBEYG local events. I agree not to hold Congregation Beth Emeth or its agents liable for any accidents, injuries, damage or fatalities that may occur in transit to or from CBEYG events. I also waive all rights to sue the aforementioned organization and its agents for any of the above-mentioned incidents that occur in transit.

Parent/Guardian Signature: _____

Date: ____/____/____

I give permission for my child to be driven to/from CBEYG local events by _____ (If left blank only the Advisor(s) can transport youth, unless a written note is provided) and/or the CBEYG advisor(s). I release said person(s) and Congregation Beth Emeth of any responsibility in the event of an emergency under these conditions.

Parent/Guardian Signature: _____

Date: ____/____/____

CBEYG Code of Conduct: B'rit Kehillah

Signatures on the CBEYG Code of Conduct apply to all local and regional CBEYG events for the 2011-2012 year.

1. Youth members are expected to abide by all local, state, and federal laws at every local and regional youth group event.
2. Temple property or the property of the locations we visit is not to be abused.
3. Leaving a youth group event without permission of an advisor is strictly prohibited.
4. No possession of drugs, alcohol, or other illegal substances is allowed.
5. Any verbal rules announced by advisors or board members are to be observed.
6. Aside from Wednesday meetings, youth may not attend any local or regional events without signed permission from their parent/guardian (unless otherwise specified).
7. Youth may not drive to or from local events, or be driven by another CBEYG member, without a signed consent from their parent/guardian (see above).
8. No driving by youth is allowed to any regional event. No transportation other than that provided by CBEYG, other parent Chaperone, or Advisor is permissible to any regional event.

I have read the above rules and agree to abide by them. I understand that if I violate any of these rules, my parent(s) will be notified and expected to pick me up immediately at any hour, the police will be contacted as needed, and I will be suspended from future CBEYG activities until future notice.

Member Signature: _____

Date: ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____