

Beth El Youth Group Membership Form 2010-2011

All Youth Group participants must have a completed membership form!

Please fill out one form for each child.

Please check the Youth Group below.

_____ Machar (3rd-5th grade) (\$25) _____ Kadima* (6th-8th grade) (\$35)
_____ USY* (9th-12th grade) (\$45)

**Please remember that membership is required to attend Seaboard regional events for Kadimaniks and USYers. Kadima and USY dues include Regional and International membership.*

Students who are registered for Confirmation and Post-Confirmation have the opportunity to receive a gift of free membership on behalf of Beth El Schools. However, you must fill out the application in order to receive the membership.

Youth Member's Name: _____ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Child's Email Address: _____

Child's Cell phone: _____

Date of Birth: _____ Best way to reach child: _____ Latest time to call: _____

Name of School: _____ Grade (as of Sept. 2010): _____

Friends at Beth El: _____

First Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Cell: _____

Email: _____

_____ **Yes! I would like to volunteer to chaperone Youth Department events.**

Second Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email: _____

_____ **Yes! I would like to volunteer to chaperone Youth Department events.**

I hereby apply for membership to Beth El Youth Groups. I agree to abide by the Code of Conduct (please see back page) and other rules established by the Beth El Youth Committee and advisors and to promote the creation of a religious youth community based on mutual respect and well being.

Youth's Signature _____

_____ I would like to donate to the Steinhart-Balachow Family Youth Fund, which allows post bar/bat-mitzvah students to enhance their Jewish identity through youth activities.

Donations can be made by writing a check out to Beth El or by adding your donation to the youth group membership fee. Any amount is greatly appreciated.

BETH EL YOUTH ACTIVITIES CODE OF CONDUCT

1. Any rules announced by the Youth Director or any Adult Event Leader are to be observed as written rules.
2. Possession and/or use of any illegal drug, drug paraphernalia, alcohol, cigarettes, and weapons is strictly forbidden. This rule will be strictly enforced and warnings will not be given. It will result in immediate expulsion from the program.
3. Vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership will not be tolerated. Any damage caused will be at the participant's expense.
4. No one is to leave the program site at any time without express permission of the Youth Director.
5. All participants will be at all scheduled activities and will arrive on time.
6. Use of prescription medications is restricted to the individual for whom they were prescribed.
7. All participants will be expected to show *derech eretz* (common courtesy) to one another at all times. Disrespectful behavior toward staff or other participants will not be tolerated.
8. Males and females may not be alone in any unsupervised fashion.

TO BE COMPLETED BY PARENT OR GUARDIAN

Youth Member's Name: _____

Please list any allergies (food and medication): _____

Does your child have any medical conditions of which the advisors should be aware of?

In case of emergency, if parents cannot be reached, please contact:

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INSURANCE INFORMATION

Insurance Carrier: _____

Policy ID & Group Number: _____

MEDICAL PERMISSION/ RELEASE FORM

I hereby grant permission for my son/daughter _____ to attend Beth El Youth Group events. In case of a medical emergency, I understand that every effort will be made to contact parent(s), guardian(s), or emergency contact. In the event I cannot be reached, I hereby give permission to the physician selected by the persons in charge to hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for my child named above.

This form may be photocopied for emergency use outside of Beth El Congregation.

Signature of Parent or Guardian _____ Date _____

Youth Group Permission/ Release

I give Beth El my permission to use pictures of my child at youth group events in Beth El publicity and communication. (If box is not checked your child's picture will not be featured in any Beth El publications.)

I give my child permission to attend and participate in Beth El Youth activities. Beth El Congregation shall not be liable or responsible for any injury or loss suffered by or to any participant while attending or engaged in activities or in transit to or from an activity.

Signature of Parent or Guardian _____ Date _____

Please make checks payable to "Beth El" and send to:
Beth El Schools
Attn: Lisa Rothstein
8101 Park Heights Avenue
Baltimore, MD 21208