

Congregation Beth El Youth Groups

Membership Form

Live Jewish, Play Jewish

Beth El Youth Groups are a place where kids feel welcome. Our goal is to provide a warm, fun atmosphere where our youth feel at home, can make friends, and explore their Judaism in a different setting. Social Action projects, sports leagues, arts and crafts, and group activities are just some of the events our department has to offer. Through our programs, our youth will build a strong Jewish identity while learning valuable social and leadership skills, as well as gaining self-confidence and a positive self-image. Joining a Beth El Youth Group ensures that you will receive all mailings, phone calls, and discounts for youth group activities, and be able to participate in regional and international programs.

Complete the information below, and return to the main office with your payment.

Bonim Youth Group

Grades K, 1, and 2

Dues: \$24

Machar Youth Group

Grades 3, 4, and 5

Dues: \$30

Kadima& Junior USY Youth Group

Grades 6, 7, and 8 (Junior USY)

Dues: \$40

USY YOUTH GROUP

Grades 9, 10, 11, and 12

Dues: \$50

Children covered by this application:

1. Name: _____ Grade: _____ Program: _____ E-mail: _____

2. Name: _____ Grade: _____ Program: _____ E-mail: _____

3. Name: _____ Grade: _____ Program: _____ E-mail: _____

Names and Phone Numbers Of Jewish Friends Not From Beth El Who May Be Interested In Joining Our Youth Group: _____

Parent's e-mail address: _____

Parents Names: _____

Address: _____

Home Phone Number: _____

Child's Cell Phone (6th-12th Grade Only): _____

Emergency Contact Number (cell phone): _____

Second Emergency Contact Person: _____

Phone Number: _____

Parent Can Help Chaperone Events (K-5th Only): _____ Yes _____ No

If Yes, Please List 3 Months That Work Best

Please Check What Days/Nights Work Best For Your Child (Check All That Apply)

____ Weeknights ____ Shabbat _____ Saturday Nights ____ Sunday Afternoons

____ Sunday Evenings ____ Other (Please Specify)

Please list and explain your child's allergies or physical conditions that require medication:

Are your child's activities to be restricted in any way? Please explain.

Do you consent to your child being driven by parent volunteers?

Do you consent to your child being driven by a professional bus/van service?

Insurance Company Name: _____

ID#: _____

In the event I cannot be reached in an emergency, I give permission for a physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child. Furthermore, in consideration of the involvement of my child in activities sponsored by the Youth Department of Congregation Beth El, I release Congregation Beth El from all liabilities as a result of any injury which might result from my child's participation in such activities or in transit to or from such activities. I agree that the supervising employee or volunteer from Congregation Beth El retains the authority to refuse participation of my child should he/she engage in inappropriate behavior or refuse to follow instructions of the supervisor of the activity.

Parent or guardian signature

Date

For more information, please contact the Youth Director, Adam Zeren at 301-652-8569, x308, or azeren@bethelmc.org