

Temple Sinai Youth Group Membership Form

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Carrier: \_\_\_\_\_ Text: Y \_\_\_ N \_\_\_

E-mail: \_\_\_\_\_

Please Circle:

SAWCY (7-8 grade) RATS (9-12 grade) Grade: \_\_\_\_\_ School: \_\_\_\_\_

SAWCY membership \$36 member/ \$72 non-member

RATS membership \$50 member/\$150 non-member/\$50 dual NFTY membership\*

*\*If teen is a dues paying member of another NFTY group (i.e. BRIKTY) but would also like RATS membership*

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

Cell Phone: ( ) \_\_\_\_\_ Carrier \_\_\_\_\_ Text: Y \_\_\_ N \_\_\_

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Cell Phone: ( ) \_\_\_\_\_ Carrier \_\_\_\_\_ Text: Y \_\_\_ N \_\_\_

Home Phone (if different from parent 1) ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from parent 1) \_\_\_\_\_  
\_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

Allergies Y \_\_\_ N \_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Does teen carry EpiPen? Y \_\_\_ N \_\_\_

RATS Transportation Permission: check as many **as apply to your teen**

Can drive other teens \_\_\_ Can ride with adult or teen driver \_\_\_ Can ride with adult drivers only \_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Please return to office \_\_\_\_\_ Membership Form  
\_\_\_\_\_ Check made payable to Temple Sinai (SAWCY or RATS noted in memo section)  
\_\_\_\_\_ Signed Brit Kehillah (Code of Conduct) document