



2019-2020 Har Shalom Youth Group Application

11510 Falls Road, Potomac, MD 20854

(301) 299-7087

Bonim (grades K-2) - \$36 Machar (grades 3-5) - \$36

Kadima (grades 6-8) - \$54 USY (grades 9-12) - \$72

Family Information

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Parent 1:

Name: _____

Cell: _____

E-mail: _____

Parent 2:

Name: _____

Cell: _____

E-mail: _____

Child 1:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 2:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 3:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 4:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____



2019-2020 Har Shalom Youth Group Application Continued

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Medical & Emergency Contact Information

Does your child have any allergies or medical conditions that require special medication or attention?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

If parents are unable to be reached in an emergency, please contact the following:

Name: _____ Relationship: _____ Phone: _____

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Photo/Digital Recording Authorization

☐ Yes ☐ No I give permission to Har Shalom to use photographs and/or digital recordings of my child enjoying and participating in youth group activities. These can be used in programs, displays and all media, including Har Shalom's web pages, for the purpose of promoting the program. (No names will be used unless individual permission is granted.)

Permission/Release Slip

I give my child permission to attend and participate in the Har Shalom Youth Department activities. I hereby authorize the supervisory person present to grant approval for medical treatment in an emergency. Congregation Har Shalom shall not be liable or responsible for any injury or loss suffered by or to any participant in this activity while the participant is attending or engaged in this activity or in transit to or from the activity, whether such injury or loss is caused by the negligence of any agent, employee or any other person acting on behalf of the Congregation Har Shalom.

Kashrut Agreement

I agree that while participating in Har Shalom USY activities outside of the synagogue, I will follow the dietary rules of Kashrut as observed by Har Shalom USY, including only purchasing and eating non-meat meals and snacks when with my youth group.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____