



**TEMPLE BETH EMET YOUTH MEMBERSHIP APPLICATION  
2020-2021**

\_\_\_\_ Grades 9-12  
**Dues:** \$175 Member  
\$360 Non-Member

\_\_\_\_ Grades 6-8  
**Dues:** \$175 Member  
\$360 Non-Member

\_\_\_\_ Grades K-5  
**Dues:** \$136 Member  
\$250 Non-Member

**ALL PAID MEMBERSHIP INCLUDES A CHAPTER T-SHIRT.**

**ADULT XXL \_\_\_ XL \_\_\_ L \_\_\_ M \_\_\_ S \_\_\_ CHILDREN 14-16 \_\_\_ 10-12 \_\_\_ 6-8 \_\_\_**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 \_\_\_\_\_  
 Last First Middle  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_  
**PARENT'S E-MAIL ADDRESS** \_\_\_\_\_

**EMERGENCY INFORMATION**

If parents cannot be reached, give name of other person responsible for child who can be called.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Physician to be called in emergency \_\_\_\_\_ Phone \_\_\_\_\_

If parents or the other person responsible for the child or the physician cannot be reached, will our Youth Group arrangements for emergency treatment be acceptable to you? We will utilize services and closest hospital emergency room. Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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**PARENTAL INFORMATION**

Parent's Name \_\_\_\_\_ Temple Member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Father's Work # \_\_\_\_\_ Mother's Work \_\_\_\_\_  
 Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

**Parental Consent and Release**

I give my son/daughter permission to take part in the Temple Beth Emet Youth program for the current programming year. As parent/legal guardian, I hereby release Temple Beth Emet and its staff of any and all liabilities incident to and arising out of all Temple Beth Emet Youth Programs. In addition, I hereby give permission to the group advisor to secure proper medical treatment in case of an emergency for my child as named above in the event I cannot be reached.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please make ALL checks payable to **TEMPLE BETH EMET**. Check **MUST** accompany this application!

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_