

**SITY (Sherith Israel Temple Youth) Member Registration****Member Info**

Full Name		Cellphone			
Email		School			
Snapchat		Instagram			
DOB		Grade		T-Shirt Size	
Primary Address			Zip Code		

**Parent Info**

Parent #1 Name		Parent #1 Phone			
Parent #1 Email					
Parent #2 Name		Parent #2 Phone			
Parent #2 Email					

**Health and Safety Info**

Insurance Provider		Policy Number			
Allergies					
Health Conditions					

**Emergency Contacts**

Contact #1 Name		Relationship #1			
Contact #1 Email		Contact #1 Phone			
Contact #2 Name		Relationship #2			
Contact #2 Email		Contact #2 Phone			

**Permissions**  
Please check each box to grant permission where applicable.

<input type="checkbox"/>	My teenager has permission to attend events for which s/he RSVPs.
<input type="checkbox"/>	My teen has permission to transport him/herself to and from SITY events.  *Teens who have permission to drive to and from SITY events will still need to seek permission from NFTY leadership to transport themselves to NFTY events.
<input type="checkbox"/>	My teen has permission to travel within San Francisco under the supervision of SITY staff during SITY events.
<input type="checkbox"/>	SITY has my permission to post photos of my teenager on social media in accordance with the NFTY Brit Kehila.
<input type="checkbox"/>	I authorize Congregation Sherith Israel to call a physician or seek treatment necessary for my child in case of an emergency, and I agree to pay all expenses incurred.  As parent(s) or legal guardian(s), I hereby give permission for the above named child to be given emergency care as administered or authorized or directed by any person acting on behalf of Congregation Sherith Israel. Such care may include x-ray examination, rendered to said minor under the general supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act, and x-ray examination, anesthetic, dental, or surgical diagnosis, or treatment, or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant civil Code section 25.8. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child.

Parent Name (print)

Parent Signature	Date
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<https://nfty.org/wp-content/uploads/sites/32/2018/01/Brit-Kehillah.pdf>

**Authorization**

By printing my name and signing below, I acknowledge that I have read the NFTY Brit Kehila and will abide by these rules to remain in good standing with Sherith Israel Temple Youth. I understand that losing good standing with Sherith Israel Temple Youth may prevent me from being able to attend future events or run for SITY Board positions.

Teen Name (print)	
Teen Signature	
Parent Name (print)	
Parent Signature	