

USY (9th-12th Grade) <input type="checkbox"/> USY \$50	KADIMA (6th-8th Grade) <input type="checkbox"/> KADIMA \$40	MACHAR (3 rd -5 th Grade) <input type="checkbox"/> MACHAR \$25	SHACHAR (SK-2 nd Grade) <input type="checkbox"/> SHACHAR \$18
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Student Information (Please Print Clearly)

English Name: _____ Hebrew Name: _____ Sex: Male Female
Birth date: _____ School Name: _____ Grade: _____
Student Email: _____ Home Phone: _____ Student Cell Phone: _____
Child lives with: Mother Father Both Other (specify) _____

Additional Student Information

Are you a member of Anshe Emet Synagogue? Yes__ No__
If not, what synagogue does your family belong to? _____
Do you attend a summer camp or participate in any summer programs?
If yes, where? _____
Please **CIRCLE** all of the following that you are interested in:
Israel Jewish Text Study Religious Services Shabbat Volunteering Tzedakah Projects
Social Justice Activism Sports Events Arts & Crafts Music Politics Drama Nature
Physical Fitness Travel Technology Food Poetry/Literature
Please Check one: Cubs Fan__ Sox Fan__ T-Shirt Size: __XS __S __M __L __XL __XXL

Parent / Guardian Information

Father / Guardian:
Name: _____ Home #: _____
Address: _____ Work #: _____
_____ Cell #: _____
E-Mail Address: _____

Mother / Guardian:
Name: _____ Home #: _____
Address: _____ Work #: _____
_____ Cell #: _____
E-Mail Address: _____

Emergency Information

Emergency Contact (Other than Parent / Guardian): _____

Relationship: _____ Home #: _____ Work #: _____

Please let us know of any **medical limitations** or **dietary restrictions** that will help us better provide for your child:

Release Form

I, the undersigned parent/legal guardian of _____ do hereby authorize the USY staff or agents of Anshe Emet Synagogue to act as our agents to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a duly licensed physician. In the event that such help of an emergency nature becomes necessary, Anshe Emet Synagogue, its Officers, Youth Staff, or agents will not be held liable for any first aid or surgical treatment procedures performed pursuant to this consent.

I further give permission for my son/daughter _____ to participate in all activities that are in conjunction with the Anshe Emet Synagogue Youth Department for the period commencing July 1, 2008-June 30, 2009, and so hereby release Anshe Emet Synagogue, it's Officers, Youth Staff, and it's agents from any liability arising from my child's participation in Youth Group activities.

Parent's/Legal Guardian's Signature: _____

Date: _____

