

YOUNG ISRAEL OF WAVECREST & BAYSWATER
YOUTH DEPARTMENT
REGISTRATION & MEDICAL RELEASE FORM 2009/2010

Family Name _____

Address _____

Phone # _____

Parent/Guardian _____ Tel () -

Emergency Contact _____ Tel () -

Emergency Contact _____ Tel () -

Doctor's Name _____ Tel () -

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

Child Name _____ School _____ Grade ___

If your child(ren) have any allergies or medical conditions, list them below:

Registration fees

\$50/ Child of YIWB Members

\$125/ Family of YIWB members

\$150/ Child of Non-Member

Except for one time attendance, no child will be allowed to attend groups or other scheduled activities without parent or guardian present unless this form is completed & in file in the YIWB office. Youth membership entitles your child(ren) to Shabbos groups & any other no-fee shul activities. It also entitles your child to a discounted rate on Youth events and other programs.

I hereby grant my child(ren), named above, permission to attend all YIWB youth groups, activities, or events, whether at the shul premises or elsewhere. I understand that, in case of an emergency, you will try to contact me. In the interim, I authorize the YIWB to secure for my child(ren) whatever medical assistance or treatment they deem necessary.

Since being a member of the YIWB Youth Department is a privilege, the Youth Department reserves the right to revoke a youth membership and issue a refund of the balance of the current year's dues.

PARENTS/GUARDIAN SIGNATURE _____ DATE _____