

BETH JACOB YOUTH PROGRAMS
MEMBERSHIP FORM 2009-2010

BJUSY BJKADIMA BIKURIM 3/4TH GRADE

Membership Information

Name _____ Grade _____ Graduation Year _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone(____) _____

Cell Carrier: _____ E-mail _____
(Sprint, Cingular, Verizon, T Mobile)

Birthday ____ / ____ / ____ Shirt Size: _____

School Attending: _____

Emergency Information

Parent(s) Name(s) _____

Parent(s) Email _____

Parent(s) Cell Phone(s) _____

In case of emergency, please notify: _____
Phone:(____) _____

Medical Insurance Company and Policy Number: _____

Current Medication _____

Allergies: _____

Physician: _____ Phone: (____) _____

Anything else that would be helpful for us to know? _____

BJUSY(9-12th grade) membership is \$36
Kadima (7-8th grade) Membership is \$18
Bikurim (5-6th grade) Membership is free
3/4th grade program Membership is free

Photo and Image release 2009-2010

At many events pictures and videos are taken. I understand these images may be used for Emanuel Synagogue and the Sooner USY chapter scrapbook, promotional material, as well as other official purposes, and they may be uploaded to official and unofficial websites. I give Beth Jacob Congregation, its membership, and associated organizations permission to use images of my family taken at sanctioned events.

Signature of Parent

Date

Please return to Jennifer at:
1179 Victoria Curve Mendota Heights, MN 55118
Phone: 651-452-2226 Fax: 651-452-0573
Email: Jennifer@beth-Jacob.org