

Beth Jacob Youth Programs

All of our youth are automatically registered for their appropriately-aged program. Your accounts will be charged to reflect this when you turn in this form. Should you wish to opt-out of payment, contact Sean in the office. Please fill out all of the forms below, one per child.

BJUSY KADIMA BIKURIM YELADIM

Child's Information

Name _____ Grade _____ Graduation Year _____

Child's Cell Phone (_____) _____ Child's E-mail _____

Birthday _____ Shirt Size: _____ School Attending _____

Family Information

Parent 1 Name: _____ Parent 2 Name: _____

Address _____

Parent 1 Email: _____ Parent 2 Email _____

Parent 1 Cell (_____) _____ Parent 2 Cell (_____) _____

Home Phone (_____) _____

Emergency Information

In emergency, notify (parents, then) _____ Phone :(_____) _____

Health Insurance Company and Policy Number _____

Current Medication(s) _____

Allergies: _____

Physician: _____ Phone: (_____) _____

****PLEASE make a copy of your insurance card and turn it in with this form!!!****

Annual Dues:

BJUSY (9-12th grade) is \$54, Kadima (7-8th grade) is \$36 (free for the first year),
Bikurim (5-6th grade) and Yeladim (3-4th grade) is free 😊

Please remember, your account will be billed for this upon returning this form,
unless other arrangements were made.

Please make sure to sign the release statements on the opposite side of this form.

THREE IMPORTANT RELEASE STATEMENTS

Medical Emergency Treatment Release

My child, _____ has permission to attend the Beth Jacob Youth Group (USY, Kadima, Bikurim, and/or 3-4th) events. In case of emergency, I give the adult in charge my permission for medical treatment to facilitate immediate emergency action. I hereby authorize the medical personnel to order x-rays, routine tests and treatments for my child, and in the event that I cannot be reached in an emergency, I hereby authorize the physician to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. I understand that I shall be responsible to pay for any medical care rendered to my child while attending Beth Jacob Youth Group functions.

INITIAL HERE _____

Photo and Image Release

At many events, pictures and videos may be taken of my child, _____. I understand these images may be used for Beth Jacob Congregation and the Emtza Region USY chapter scrapbook, promotional materials, as well as other official purposes. 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.

INITIAL HERE _____

Driving Release (8th-12th only)

My child, _____ has permission to be driven by any driver licensed for 6+ months. If you wish for other driving arrangements to be made or have specific rules about your child being a driver or a passenger, please contact Ben (see below for info).

INITIAL HERE _____

Parent/Guardian Name: _____ (please print)

Parent/Guardian Signature _____ **Date:** _____

**Please return this form to Ben at
1179 Victoria Curve, Mendota Heights, MN 55118
Or fax a copy to
(651)452-0573
Or email a scan to
youthdirector@beth-jacob.org**