

# INTERESTS AND SUGGESTIONS

In order for our Kadima and USY chapters to function effectively it is necessary for the officers and advisors to become acquainted with your interests and capabilities. In this manner the Beth El Youth Community can best meet your religious, intellectual, social and athletic needs and desires.

**The following is a list of the committees for next year. Please number the committees in rank order (1-4) according to your interest in serving as a member or chairperson.**

*1=Very interested, 2=Interested, 3= Somewhat interested, 4=No interest*

\_\_\_\_\_ Turkey Dance

\_\_\_\_\_ Purim Carnival

\_\_\_\_\_ Teen Minyan

\_\_\_\_\_ 1.5 Million Penny Project

\_\_\_\_\_ Fund Raising (Tikun Olam)

\_\_\_\_\_ Social Action

\_\_\_\_\_ Sports (Basketball)

\_\_\_\_\_ Website/Listserve

I am interested in being chairperson of a committee. Yes \_\_\_ No \_\_\_

I enjoyed the following program from last year and would like to see it offered this year: (you may list more than one) \_\_\_\_\_

\_\_\_\_\_

In addition to the program (s) listed above, I would like to attend the following programs which were not offered last year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Print neatly!)**

**NAME:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

PROGRAM DESIRED

_____	SHALOM CLUB (3rd-5th)	\$18.00
_____	KADIMA (6th-8th)	\$25.00
_____	USY (9th-12th)	\$40.00

FOR OFFICE USE ONLY

CHECK #	_____
DATE	_____
INTL DUES	_____

**2007-2008 YOUTH COMMUNITY REGISTRATION FORM : (one per applicant)**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E -MAIL ADDRESS \_\_\_\_\_

GRADE (after summer) \_\_\_\_\_ \*HEBREW HIGH ( ) YES ( ) NO \*BETH EL SYNAGOGUE MEMBER ( ) YES ( ) NO

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PLEASE LIST ALL ALLERGIES YOUR CHILD HAS \_\_\_\_\_

ARE THERE ANY SPECIAL MEDICAL CONDITIONS, CONCERNS, OR LIMITATIONS TO YOUR CHILD'S FULL PARTICIPATION IN OUR YOUTH PROGRAM? \_\_\_\_\_

**PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT**

We, the undersigned parents/guardians of \_\_\_\_\_ do hereby authorize the Beth El Youth Community staff members or agents of North Suburban Synagogue Beth El to act as our agents to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a duly licensed physician, in the event help of an emergency nature becomes necessary. In no event will North Suburban Synagogue Beth El, its officers, Youth Community staff or agents be held liable for any first aid or surgical treatment procedures performed pursuant to this consent.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\*\*MEDICAL INSURANCE COMPANY AND POLICY NUMBER \_\_\_\_\_

**LIABILITY RELEASE**

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in all activities that are in conjunction with Beth El's Youth Community for the period commencing July 1, 2007 through July 1, 2008, and do hereby release North Suburban Synagogue Beth El, its officers, Youth Community staff and its agents from any liability arising from my child's participation in youth group activities.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE