

Beth Haverim Shir Shalom Youth Group

Membership Form (please fill out both sides)



Student Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Phone: _____ Student Phone: _____

Parent Email: _____ Student Email: _____

(as of Sept. 2020) Grade: _____ Age: _____

Emergency Contact Information

Contact 1 Name: _____ Relationship to Student: _____

Phone Number: _____

Contact 2 Name: _____ Relationship to Student: _____

Phone Number: _____

PLEASE MAKE NOTE OF DUES FOR YOUR CHILD'S GRADE

Grades 3, 4, 5*: BHSS Member - \$25.00; Nonmember - \$60 **this provides free admission to most of the annual programming for this age group*

Grades 6, 7, 8: BHSS Member - \$40.00; Nonmember - \$100.00

Grades 9, 10, 11, 12: BHSS Member - \$50.00; Nonmember - \$100.00
Payment Method (check/circle one): cash check

Questions? Please contact Samantha Spencer and Rebeca Berger at
bhssyouth@gmail.com

Please check <https://www.bethhaverim.org/youth-groups/> for the most up-to-date event information!

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Medical Information

Doctor's Name: _____ Phone #: _____

Date of most recent tetanus booster: _____

Insurance Company: _____ Policy #: _____

Dentist: _____ Phone #: _____

Does this participant have any physical or emotional conditions of which the Beth Haverim Shir Shalom staff should be aware? If so, please describe:

Restrictions on Activities :(check one) Y N (if yes, please describe):

Medications (list all medications, even if they will not be dispensed during a youth event):

Allergies to drugs, food(s) or special diet:

Statement by Parent or Guardian

I hereby grant permission for my child _____ to attend Beth Haverim Shir Shalom Youth Group events. This will serve to release Beth Haverim Shir Shalom of Mahwah, New Jersey, all of their personnel, employees, and representatives from all responsibilities other than program, including meals and supervised scheduled activities. The above health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by Beth Haverim Shir Shalom's youth staff to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above.

Signature of Parent(s) or Guardian(s): _____ Date: _____