



**TEMPLE BETH DAVID**  
YOUTH GROUP

**YOUTH GROUP MEMBERSHIP FORM 2019-2020**  
**Second - Seventh Grades**

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cellphone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\*For Grades 6 & 7 please include student email and cellphone below IF they may be contacted directly

Student: \_\_\_\_\_ Grade \_\_\_\_\_

\*Student Email: \_\_\_\_\_ \*Student Cellphone: \_\_\_\_\_

Student: \_\_\_\_\_ Grade \_\_\_\_\_

\*Student Email: \_\_\_\_\_ \*Student Cellphone: \_\_\_\_\_

Please check preferred way/s to contact you:

For all Grades:     Parent email     Parent cellphone

For Grades 6 - 7     Student email     Student cellphone

## ANNUAL MEMBERSHIP

As a member of any of the youth groups all in-temple events are FREE for the year. Events out of the temple may have separate fees per event. The fee for individual in-temple events for students who are not members of Youth Group is \$10/event. Everyone is always welcome!

Freshman (2<sup>nd</sup> & 3<sup>rd</sup> G)                      \$36 (TBD member)                      \$45 (non-temple member)

Juniors (4<sup>th</sup> & 5<sup>th</sup> G)                        \$50 (TBD member)                        \$60 (non-temple member)

Inters (6<sup>th</sup> & 7<sup>th</sup> G)                         \$50 (TBD member)                         \$60 (non-temple member)

(Sibling discount \$5)

**Please Make Checks Payable to Temple Beth David Youth Group**



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# CONFIDENTIAL HEALTH FORM 2019-2020

(please complete a separate form for each student)

Student: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent 1 Cellphone: \_\_\_\_\_

Parent 2 Cellphone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication/s: \_\_\_\_\_

Special Instructions, including dietary needs: \_\_\_\_\_

**As Parent/Guardian, I give my permission for my child to participate in Youth Group. I give the Youth Group Leader and/or Temple staff authorization to give permission for emergency treatment. I also understand that photos of my child may appear in any Temple Beth David related Website or social media site including, but not limited to Facebook.**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**