



TEMPLE BETH DAVID YOUTH GROUP

YOUTH GROUP MEMBERSHIP FORM 2019-2020 Second - Eighth Grades

Family Name: _____

Home Address: _____

Home Phone: _____ Parent Cellphone: _____

Parent Email: _____

*For Grades 6, 7 & 8 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 & 8 _____ 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 nd & 3 rd G)	\$36 (TBD member)	\$45 (non-temple member)
Juniors (4 th & 5 th G)	\$50 (TBD member)	\$60 (non-temple member)
Inters (6 th , 7 th & 8 th G)	\$50 (TBD member)	\$60 (non-temple member)
(Sibling discount \$5)		

Please Make Checks Payable to Temple Beth David Youth Group



TEMPLE BETH DAVID
YOUTH GROUP

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