



**TEMPLE B'NAI CHAIM  
TBC TEENS  
REGISTRATION FORM 2019-20**

For office use:  
Date Rec'd

PLEASE PRINT CLEARLY

Name of Student: \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

Age of as September 2019 \_\_\_\_\_

Grade as of September 2019 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Student Email \_\_\_\_\_

Name of Public/Private School \_\_\_\_\_



## EMERGENCY RECORD 2019-20

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Sept. 2019) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

\_\_\_\_\_

Medications taken regularly \_\_\_\_\_

\_\_\_\_\_

Health Insurance Carrier & Member # \_\_\_\_\_

Temple B'nai Chaim agrees to take reasonable measures for the protection of the health of each child. However, it assumes no risk for injuries, accidents and/or sickness incurred or received by any child whether directly or indirectly while attending temple programs, trips and youth events or under faculty supervision. I agree to release and hold harmless Temple B'nai Chaim, its trustees and employees from any and all claims that may arise as a result of any injury, loss or damages incurred by me or my family. In the event of any medical emergency or accident, the Temple B'nai Chaim staff reserves the right to move your child to an appropriate hospital. I hereby authorize such physicians or emergency facility to treat my child in any emergency situation until such time as I can be reached for specific permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Emergency Contacts** - The following persons are authorized to pick up my child from temple or youth events if necessary. (Please remember to notify these people that they may be contacted by Temple B'nai Chaim staff.)

Name	Relationship	Phone Numbers (home, cell, etc.)
1.		
2.		
3.		