

RETRO
THE REFORM TEMPLE OF ROCKLAND'S SENIOR YOUTH GROUP

PERSONAL INFORMATION: Please print all information neatly!!!!

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ Zip _____ Public School _____

Cell - Student _____ Cell- Parent _____ Sept. 2017 Grade _____

EMAIL: STUDENT: _____ PARENT _____

Electronic mailings (email and Facebook only) will be welcome for the rest of the year: Yes _____ No: _____

I (parent) give permission for my child's photos to be used on a CLOSED Facebook group page _____

(All emails are sent to participants and parents)

(initial here)

Parents/Guardians (First & Last Names) _____

Do you want your child's name and number in a Youth Group directory? Yes _____ No _____



PARENTAL CONSENT FORM:

I, _____, desire that my child, _____, take part in the Reform Temple of Rockland Men's Club Youth Group activities. I understand that this release and assumption of risk agreement applies to my child and that without my agreement to it, my child shall not take part in any activities.

I understand that in any of the activities, my child named above may be subject to risks or dangers such as, but not limited to illness, hazards of travel, or loss of property.

I understand that the sole responsibility of Reform Temple of Rockland Men's Club (and its designees) is to plan and coordinate the activities.

In order to have my child take part in these activities, I agree on behalf of my child, named above, myself, and my spouse (if any) that my spouse and I shall assume all responsibility for any such risk or danger and hereby release and hold harmless Reform Temple of Rockland, The Men's Club, and those acting on its behalf, from all claims, actions, and liability arising out of or in connection with my child's participation in any activity.

I authorize Reform Temple of Rockland, and those who act on its behalf, to take any necessary steps to assist my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PAYMENT: Send a check (payable to Reform Temple of Rockland Men's Club) for \$18 (for RTR members) or \$36 (for non-RTR members) and three registration pages, filled out completely and signed by you and your child for registration of your child.

REGISTRATION PROCEDURES: Mail these completed forms and your \$18 (RTR member) or \$36 (non-RTR member) payment to:

**Elise Lehrman
 2 Eileen Court
 Suffern, NY 10901**

ReTRo Medical and Insurance Information

Student's Name: _____

Home Address: _____

Home Phone: _____

Parent's Name(s): _____

Parent's Cell(s): _____

Insurance Company Name: _____

Policy Holder: _____ Policy Number: _____

Group Name/Number: _____

Emergency Contact - other than parent(s):

Name: _____

Number: _____

Emergency Contact's Relationship to student: _____

Medical information that the youth staff should be aware of, such as medications your child is presently taking, food allergies, other allergies, medical conditions, etc. (all information will be kept STRICTLY confidential):

I give permission for my child to be given Tylenol or Advil as needed.

(parent/guardian signature)

ReTRO B'rit Kehillah (Code of Conduct)

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my unqualified acceptance by my signature and that of my parent/guardian.

1. I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
2. I will not possess, use, or distribute any illegal drugs or drug paraphernalia.
3. I will not smoke or consume, or distribute tobacco products.
4. I will attend and participate fully in the entire event, unless otherwise agreed upon with the Regional Youth Director. I will arrive on time, stay until the end, and remain on the event premises at all times.
5. I will not commit any illegal act. I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.
6. I understand that no guests are allowed at any event, unless permission is granted in advance by adult leadership, and that any unauthorized guests will be asked to leave immediately.
7. I agree to refrain from inappropriate sexual behavior.
8. I agree to abide by any additional rules, pertinent to the specific event, which may be announced, and to accept the consequences of their violation.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Participant's Signature: _____ Date: _____

PARENT'S AUTHORIZATION

1. I request that my child, whose name appears on the application, be enrolled in the Temple Beth El Senior Youth Group Senior Youth Group.
2. For regional events: NFTY's Garden Empire Region and the UAHC will not be responsible for transportation to and from this event. Transportation arrangements are at the discretion of the participants' family.
3. **I have read the preceding rules, and fully understand them. I understand that sanctions imposed by the Regional Youth Director or Adult Event Leader for violation could include immediate expulsion from this event, at the expense of the parent or guardian.**
4. My child has no physical or emotional problems which may be aggravated by attending this event unless noted in writing.
5. The health history is correct as far as I know, and the person herein described has permission to engage in all planned activities except as noted on this application by me or an examining physician.
6. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the NFTY Regional Director and NFTY Faculty to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above.

Signature of Parent or Guardian: _____ Date: _____