

**YOUTH GROUP REGISTRATION FORM
2019- 2020/5779-5780**

The Huntington Jewish Center has three United Synagogue of Conservative Judaism Ruach division youth groups: **USY** (9th – 12th), **Kadima**, (7th & 8th), **Chaverim**, (4th – 6th). Each group meets about 2 times per month.

Youth participant's name(s) & grade(s): _____ Youth participant's phone number (please indicate home phone or cell phone): _____ Youth participant's email(s): _____
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Parent Name(s): _____ Mailing Address(es): _____ Parent phone number(s): Cell _____ Home: _____ Parent Email(s): _____ Please note: Parent updates occur via email & the Youth Bulletin board. Please let us know if that is a problem for your family.

Youth Program Fees (circle amount that applies):

USY 12 th	9 th –	\$80 for HJC members, \$90 non-members	Sundays 7:30 - 9:00pm
Kadima	7 th & 8 th	\$80 for HJC members, \$90 non-members	Sundays 5:30 – 7:00 pm
Chaverim	4 th – 6 th	\$150 HJC members, \$160 non-members (includes dinner)	Tuesdays 6:15 – 7:30 pm

Total amount of Youth Program fee enclosed: _____
 CHECKS SHOULD BE MADE OUT TO HJC YOUTH GROUPS

PLEASE complete the Field Trip/Emergency Information form on the other side. <i>Todah Rabbah! Thanks so much!</i> Questions? Recommendations? Please contact: Samara Rossi, USY, Kadima and Chaverim Youth Advisor Samarablake@yahoo.com 516-859-0070
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Huntington Jewish Center Youth Program Field Trip Permission Slip - Emergency Information Form

Transportation: (Parents, please initial all that apply.)

____ • I can help drive when necessary. I can fit _____ kids in my car.
(please fill in number)

____ • If necessary to get to an event, I give permission for _____
(Youth Program participant's name)
to be driven along with other USY students by a driver with a legal driver's license.

____ • I do not give permission for _____ to be driven by others to
(Youth Program participant's name)
attend a Chaverim, Kadima, or USY event.

Medical Release:

____ I consent and give permission for my child, _____ to
(Youth Program participant's name)
attend and participate in all planned trips and activities arranged by HJC, Chaverim, Kadima or USY. I certify that my child is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage in appropriate healthcare providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions.

Medical Insurer and Policy #:

Emergency Contact Info:

(1) Name: _____ Relation: _____

Phone #'s: _____, _____

(2) Name: _____ Relation: _____

Phone #'s: _____, _____

Any medical conditions or food, medical, or other allergies we should be aware of:

Thank you for the trust you place in us by having your child participate in HJC's youth programming. Emotional and physical safety is our top concern.

Parent/ Guardian Signature

Date