

Dr. Elliott N. Perlstein, Rabbi  
Paul Frimark, Cantor  
Rabbi Daniel Aronson, Director of Congregational Learning

Fred Z. Poritsky, Executive Director  
Arlene Rosenbaum, President  
Lori-An Penchansky, Pre-School Director

***Ohev Shalom Youth Group Registration Form  
2009-2010***

**Please check the appropriate group and membership category as of September 2009:**

- Chaverim – Grades 3-4**
  - Ohev Shalom member.....\$30
  - Not a member of Ohev Shalom.....\$48
  
- Kadima – Grades 5-7**
  - Ohev Shalom member.....\$30
  - Not a member of Ohev Shalom.....\$48
  
- USY – Grades 8-12**
  - Member of Ohev Shalom.....\$50
  - Not a member of Ohev Shalom.....\$68

**DUE (Subtotal).....\$\_\_\_\_\_**  
**Minus 10% if paid by July 1, 2009.....\$\_\_\_\_\_**  
**TOTAL DUE.....\$\_\_\_\_\_**

**Make checks payable to “OHEV SHALOM YOUTH DEPARTMENT.” All fees include regional and international dues.**

Youth’s First Name\_\_\_\_\_ Youth’s Last Name\_\_\_\_\_

Address\_\_\_\_\_

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

Youth’s E-Mail\_\_\_\_\_ Youth’s Home Phone ( ) - \_\_\_\_\_

Parent 1 Name\_\_\_\_\_ Parent 2 Name\_\_\_\_\_

Grade (as of 9/09)\_\_\_\_\_ Expected Year of Graduation\_\_\_\_\_ School\_\_\_\_\_

Age\_\_\_\_\_ Birth Date\_ / \_ / \_\_\_\_\_

Are you affiliated with Ohev Shalom?  Yes  No

Are you affiliated with another synagogue?  Yes  No Name of synagogue\_\_\_\_\_

**Ohev Shalom Youth Group  
Member Medical Information and  
General Permission Form**

**Check One:**             Chaverim             Kadima             USY

**Youth's Name** \_\_\_\_\_ **Phone** (    )    - \_\_\_\_\_

**Parent 1 Contact Information**            Name \_\_\_\_\_

Address (if different from youth's) \_\_\_\_\_

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

Home Phone (    )    - \_\_\_\_\_ Work Phone (    )    - \_\_\_\_\_

Cell Phone (    )    - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent 2 Contact Information**            Name \_\_\_\_\_

Address (if different from youth's) \_\_\_\_\_

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

Home Phone (    )    - \_\_\_\_\_ Work Phone (    )    - \_\_\_\_\_

Cell Phone (    )    - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Type of Medical Insurance** \_\_\_\_\_

**ID/Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**In an emergency, if one of the above cannot be reached, please notify one below:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (    )    - \_\_\_\_\_ Cell Phone (    )    - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (    )    - \_\_\_\_\_ Cell Phone (    )    - \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (    )    - \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone (    )    - \_\_\_\_\_

**Please list any allergies or other physical or emotional condition(s) that we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I (we) give permission for \_\_\_\_\_ (name of child) to attend all trips and activities sponsored by United Synagogue Youth, Kadimah and Chaverim, whether they be arranged by Ohev Shalom, other area synagogues or the Hagesher USY and Kadima Regional office.**

**In the event my (our) child becomes ill or injured while at a youth group activity, a reasonable attempt will be made by youth group staff members or chaperones to:**

- (1) contact a parent or guardian or, in their absence, a relative or friend listed above; and/or**
- (2) contact the family physician or dentist listed above; and/or**
- (3) take or dispatch youth to the nearest hospital emergency room.**

**I (we) hereby give consent to have the above procedure followed for my (our) ill or injured child if responsible youth group staff members or chaperones feel this procedure is indicated, and I (we) further consent that my (our) child receive such medical or hospital care and treatment as the physician or hospital may find necessary. If my (our) child becomes ill or injured, and does not require hospitalization, he/she may be released to a friend and/or relative listed above.**

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date