

TBI Youth Group

Youth Group Registration Form

Maccabees (Grade 3-5)

Kadima (Grade 6-8)

Name _____ Grade _____

Address _____

Phone _____

School _____

Parent Name _____

Parent Email _____

Parent Phone _____

Parent Cell _____

Emergency Contact Name _____

Relationship _____

Phone _____

Does your child have allergies: YES _____ No

Payment Information: Program Fee \$100

check

include on my TBI bill

Medical insurance information (company/policy#):

I give unconditional permission to Temple Beth Israel to photograph, and/or video members of my family (Please note: no one will be identified by name). Additionally, I grant permission for Temple Beth Israel to utilize the photographs and videos in brochures, print and electronic media. Please initial: I agree I do not agree