

EL AL

Temple Israel of Ridgewood, NJ

FOR STUDENTS ENTERING GRADES 4 & 5 IN SEPTEMBER '09

Temple Israel Member Dues: \$45

Non-member Dues: \$70

2009-10 Registration/Medical Forms 5770

Please complete and sign both sides of this form.

Please make check payable to Temple Israel EL AL.

EL AL-er Information

Name: _____

Hebrew Name: _____ ben/bat _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

School: _____ Grade: _____ Date of Birth: _____

Synagogue Affiliation: _____

Hebrew School Program: _____

Parent Information

Names: M: _____ F: _____

Phone Number: M: _____ F: _____

Work Number: M: _____ F: _____

Cell Phone Number: M: _____ F: _____

Email Addresses: M: _____ F: _____

My child _____

Has my permission to drive to and from youth events: (Please check all boxes that you approve)

- In a car driven by an advisor or other chaperone
- On a bus

Signature of Parent: _____ Date: _____

Insurance Co. _____ Policy Number: _____
Emergency Contact Person (NOT A PARENT): _____
Phone Number: _____ Cell Phone: _____

Please provide details for the following items that pertain to your child:

Allergies (Food, drug, insect or substance):

Current Medication(s) or Medical Treatment:

Recent illness, injury, or sickness:

Disability, chronic illness, or condition:

Activity restriction or modification:

Statement and Emergency Authorization

I (the parent or legal guardian) of the applicant state that s/he is in good/normal health, has no physical or mental handicaps that would interfere with full participation in the program and has my permission to engage in all available activities excepts as noted in the Restrictions or Modifications above.

In case of medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event I cannot be reached, I hereby give permission to the physician selected by the El Al Advisor, or his/her designee, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child names above. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____