

TEMPLE ISRAEL & JCC EL AL MEMBERSHIP FORM 2016-2017

Please completed and return to Temple Israel with a check for dues made payable to *Temple Israel*. Annual dues are \$54 for members of Temple Israel & JCC and NNJJA students, \$108 for non-members.

Student's Full Name: _____ Hebrew Name: _____

Date of Birth: ____/____/____ Age as of Sept. 2016: _____

Home Address: _____

Student's School: _____ Grade as of Sept. 2016: _____

Mother's Name: _____ Hebrew Name: _____

Home Phone: _____ Mother's Cell Number: _____

Mother's Email Address: _____

Father's Name: _____ Hebrew Name (if applicable): _____

Home Phone: _____ Father's Cell Number: _____

Father's Email Address: _____

Is the family affiliated with a synagogue? ____ Yes ____ No If yes, which one? _____

NNJJA Student? ____ Yes ____ No May student be released from NNJJA to the El Al Advisor? ____ Yes ____ No

Temple Israel & JCC El Al Permission Slip

I, _____ (name of parent), do hereby consent and agree to the participation of my son/daughter _____ (name of child) in all activities of the Temple Israel & JCC El Al programs. I certify that my son/daughter is in good physical condition, and that my son/daughter has no medical or physical condition that would restrict their participation in any Temple Israel & JCC El Al program.

I agree to waive all rights and claims against Temple Israel & JCC and their agents and employees which may arise out of my son/daughter's participation in Temple Israel & JCC El Al programs. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that Temple Israel & JCC has no liability if my child travels to an event in any vehicle either provided by or not provided by Temple Israel & JCC.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to contact the parent(s) or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by Temple Israel & JCC El Al, its employees, advisors or agents, to hospitalize, secure proper and ongoing treatment and to order injections, anesthesia or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

I have been made aware of the fact that the events my child will be participating may be photographed by either amateur or professional photographers, that the photographs taken may be used both for purposes of reporting on the event or for such other use as Temple Israel & JCC may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document, I consent to the use of the pictures just referred to for any purpose whatsoever.

Name and phone number of child's physician: _____

Please provide details for applicable items pertaining to your child:

Medication(s) or Medical Treatment: _____

Recent illness, injury or surgery: _____

Disability, chronic illness or condition: _____

Activity restriction or modification: _____

Name of Emergency Contact (not a parent)

Cell Phone Number

I have read this agreement and understand its purpose and agree to its terms.

Parent signature

This information/release remains in effect from date signed through 6/30/17.