



KADIMA MEMBERSHIP FORM 2020-21

FLIPPER CHAPTER Fair Lawn-Paramus-Ridgewood

For all 5th-7th grade students

Please print both pages of this membership form and return with a **check for dues** made payable to **JCCP/CBT-FLIPPER**.

COVID SPECIAL RATES: Annual dues are just \$18.
(Members receive free or discounted rates at all FLIPPER events).
Mail form and check to: Marcia Kagedan, JCCP/CBT, 304 East Midland Avenue, Paramus, NJ 07652

Student's Full Name: _____

Date of Birth: ____/____/____

Age as of Sept. 2020: _____

Grade as of Sept. 2020: _____

Home Address: _____

Student's Email Address (optional): _____ Student's Cell Number (optional): _____

Mother's Name: _____

Home Phone: _____

Mother's Cell Number: _____

Mother's Email Address: _____

Mother's Home Address (if different than above): _____

Father's Name: _____

Home Phone: _____

Father's Cell Number: _____

Father's Email Address: _____

Father's Home Address (if different than above): _____

Is the family affiliated with a synagogue? _____ Yes _____ No If yes, which one? _____
(Synagogue membership not required for FLIPPER membership)

**QUESTIONS? Contact FLIPPER Advisor, Marcia Kagedan
201- 815-8136 or edudirector@jccparamus.org**

**FLIPPER KADIMA Sponsoring Synagogues:
Fair Lawn Jewish Center/Congregation B'nai Israel -- (201) 796-5040
Jewish Community Center of Paramus/Congregation Beth Tikvah – (201) 262-7691
Temple Israel & JCC (Ridgewood) -- (201) 444-9320**

FLIPPER KADIMA 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 FLIPPER KADIMA programs.

I agree to waive all rights and claims against the FLIPPER KADIMA programs. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that the sponsoring synagogues and FLIPPER KADIMA have no liability if my child travels to an event in any vehicle either provided by or not provided by the sponsoring synagogues or FLIPPER KADIMA.

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 FLIPPER KADIMA program.

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 FLIPPER KADIMA, 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.

Name and phone # of child's physician:

Please identify all allergies, chronic illnesses, other conditions:

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

Parent signature and phone #

Emergency contact person and phone #

