

BHUSY Youth Department Membership Form

Return completed forms with membership payable to:
 BHCBE Youth Department | 3220 Big Tree Lane Wilmette, IL 60091
 (847) 256-1213, ext. 22 Fax: 847-256-3225

<input type="checkbox"/> Club Yeladim (K-2 nd Grade) <i>Dues: \$15</i>	<input type="checkbox"/> Ruach (3-5 th Grade) <i>Dues: \$30</i>
<input type="checkbox"/> Kadima (6-8 th Grade) <i>Dues: \$40</i>	<input type="checkbox"/> USY (9-12 th Grade) <i>Dues: \$50</i>

Student Information

NAME _____		SEX: _____
ADDRESS _____		
CITY/STATE/ZIP _____		
CHILD/TEEN E-MAIL ADDRESS _____		
<i>We advertise many of our programs via email. Please be sure to allow email from bhusyyouth@gmail.com</i>		
HOME PHONE _____	CHILD/TEEN CELL PHONE _____	
GRADE IN FALL 2014 _____	SCHOOL NAME & DISTRICT _____	BIRTHDAY _____
T-SHIRT SIZE _____	SYNAGOGUE AFFILIATED WITH: _____	

RELIGIOUS PARTICIPATION FORM

KOHEN	LEVI	ISRAEL	PLEASE CHECK ONE:	I CAN LEAD	I WANT TO LEARN
<input type="checkbox"/> HAMOTZI			<input type="checkbox"/> SHABBAT MUSAF		<input type="checkbox"/> WEEKDAY MA'ARIV
<input type="checkbox"/> ENGLISH READING			<input type="checkbox"/> READ TORAH		<input type="checkbox"/> KABBALAT SHABBAT
<input type="checkbox"/> G'LILAH (BIND TORAH)			<input type="checkbox"/> SHABBAT MORNING KIDDISH		<input type="checkbox"/> SHABBAT SHACHARIT
<input type="checkbox"/> ALIYAH			<input type="checkbox"/> HAVDALAH		<input type="checkbox"/> TORAH SERVICE
<input type="checkbox"/> WEEKDAY MINCHA			<input type="checkbox"/> BIRKAT HAMAZON		<input type="checkbox"/> CHANT HAFTORAH
<input type="checkbox"/> FRIDAY NIGHT KIDDISH			<input type="checkbox"/> HAGBAH (LIFT TORAH)		<input type="checkbox"/> SHABBAT MINCHA
<input type="checkbox"/> SHABBAT MA'ARIV			<input type="checkbox"/> GABBAI		<input type="checkbox"/> CANDLE LIGHTING
<input type="checkbox"/> WEEKDAY SHACHARIT					

PARENT/GUARDIAN INFORMATION

IS THE APPLICANT BORN TO A JEWISH MOTHER? _____	BORN TO A JEWISH FATHER? _____
IF CONVERTED, BY WHOM? _____	DATE _____
MOTHER/GUARDIAN:	
NAME _____	HOME PHONE _____
CELL PHONE _____	EMAIL ADDRESS _____
FATHER/GUARDIAN:	
NAME _____	HOME PHONE _____
CELL PHONE _____	EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1 _____
 RELATIONSHIP _____ PHONE _____
 EMERGENCY CONTACT 2 _____
 RELATIONSHIP _____ PHONE _____
 INSURANCE CARRIER _____ POLICY/GROUP # _____
 CURRENT MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS

RELEASE FORM

RELEASE, INSURANCE & HEALTH INFORMATION

I hereby authorize the staff to seek medical emergency assistance for my child if required. I also hereby fully release and discharge Beth Hillel Congregation Bnai Emunah its agents, and property owners from any and all claims from injuries, damage or loss which may occur or which may accrue to my child on account of his/her participation in events sponsored by Beth Hillel Congregation Bnai Emunah's Youth Department. I further agree to indemnify, hold harmless and defend Beth Hillel Congregation Bnai Emunah and its agents from any and all claims resulting from injuries, damages, and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of these programs or events.

PARENT SIGNATURE _____ DATE _____

WE WILL BE TAKING PHOTOGRAPHS AND VIDEO AT OUR EVENTS FOR USE ON THE CBS WEBSITE AND IN MARKETING MATERIALS

PLEASE CHECK HERE IF YOU WOULD NOT LIKE YOUR PICTURE USED IN THIS MANNER.

Please also consider making a donation to the Annette W. and Mel F. Seidenberg Family Youth Fund, whether or not you have eligible children. This fund supports many youth-related activities at BHCBE.

Please make checks payable to the BHCBE Youth Department.
 Thank you for supporting our kids!!!

For office use only: Paid _____ Check # _____ Referral _____