



**CONGREGATION ALBERT
JUNIOR YOUTH GROUP
Membership Application**

FOR OFFICE USE ONLY:

- Membership Year: _____ - _____
- Membership Application
- Emergency/Medical Release Form
- Photo Release

MEMBER NAME: _____

ADDRESS: _____

CITY _____ ZIP _____

MEMBER EMAIL: _____

MEMBER CELL PHONE : (_____) _____ - _____ MEMBER'S D.O.B.: ____ / ____ / ____

SCHOOL _____ GRADE _____

PARENT(S) OR GUARDIAN NAME(S): _____

PARENT(S) OR GUARDIAN E-MAIL(S): _____

HOME PHONE: (_____) _____ CELL: (_____) _____

ACTIVITIES I WOULD LIKE TO DO THIS YEAR: _____

An application, emergency/medical release and photo release are required to be on file for all members annually. Membership is open to all Jewish Youth. Send your completed forms to: Congregation Albert, attention JYG. (JYG is the Junior Youth Group to TASTY, part of the NFTY organization)

EMERGENCY/MEDICAL RELEASE FORM

Must be completed and signed by parent/guardian for participation in any activity.

PHOTO RELEASE FORM

Permission to use photos and/or videos of members for JYG/TASTY advertising, on CA's website, on JYG's future Facebook page or the TASTY Facebook page

JYG EMERGENCY/MEDICAL RELEASE FORM

Member's name _____ D.O.B _____
Parent's Name _____ Phone (_____) _____
Parent's Name _____ Phone (_____) _____
Emergency Contact Name _____ Relation _____
Emergency Contact Phone (_____) _____

Insurance Plan _____ Phone (_____) _____
ID# _____ Group# _____
Primary Care Physician _____ Phone (_____) _____
Dental Insurance _____ Insurance ID# _____
Dentist's Name _____ Phone (_____) _____
Copay Information _____
List any known allergies _____
List any special dietary needs _____
List all medications taken _____
Date of last Tetanus Shot _____

Please indicate if you are or have had treatment for:

Asthma Diabetes Meningitis
 Migraines Hearing Problems Paralysis
 Bleeding disorder Seizures High Blood Pressure
 Heart condition (type: _____)
 Disease (type _____) Infection (type _____)
 Hepatitis (type _____) Other _____

Other Medical notes:

In the event of an accident or other emergency during a youth group event or field trip, when the parent or guardian is unavailable, I, hereby authorize a representative of TASTY to make arrangements, as he/she considers necessary for my child to receive medical or hospital care including necessary transportation. I further authorize the physician/dentist named to undertake such care and treatment of my child as considered necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician, surgeon, or dentist. I understand that in the event of an accident or other emergency that my child will be taken to the closest hospital. I hereby agree to bear all costs incurred as a result of the above statements.

Parent Signature _____ Date _____

JYG/TASTY PHOTO RELEASE FORM

JYG members participate in fun activities that everyone loves! The photos and videos taken during events are used to record our progress, invite new friends to join, advertise on the CA website and Facebook page and to remember the good times we've had! I understand that during participation in youth group activities, my photo will be taken for these purposes. As a representative of JYG and Congregation Albert, I agree that every photo and video taken of me will portray the group in a positive light. (JYG is the Junior Youth Group to TASTY, part of the NFTY organization)

Members' Signature: _____

Members' Name: _____

E-mail Address _____

Phone Number: (_____) _____

I, _____, hereby grant JYG and Congregation Albert to use and/or publish my child's likeness and name in the form of photos, videos and artwork. I understand that these will be used for CA publications such as newsletters and the website as well as social media for JYG and possibly NFTY publications.

Parent's Signature: _____ Date: _____

No, JYG does not have my permission to use the likeness of my child

Parent's Signature: _____ Date: _____