



Orangetown Jewish Center Youth Group

Registration Form 2009-2010

<u>FEES</u>	<u>OJC Members</u>	<u>Non-Members</u>
<i>Ruach/Kadima</i> , Grades 4-7	\$60.00	\$80.00
<i>Kadima/USY</i> , Grades 8-12	\$100.00	\$140.00

- Name _____
- Address _____
- City _____ State _____ Zip code _____
- Telephone _____
- Birthdate _____ Grade as of September 2009 _____
- Youth E-Mail Address _____ @ _____
- Parent E-Mail Address _____ @ _____
- Parent's cell _____ Youth cell _____
- Mother's name _____ Father's name _____
- Emergency Contact _____
- Telephone number _____ Relationship _____

Medical Information

- My child is takes the following medications: _____
- Allergies _____
- Please notify the Youth Director of anything else you would like us to know.

In case of medical or surgical emergency, I understand that every effort will be made to contact parents or guardians of youth group members. In the event that I cannot be reached, I hereby give permission for the Youth Group Director or the designee to secure all proper treatment for my child as named above.

Insurance Company Name : _____
 Policy Holder: _____ Policy Number: _____
 Group Name/Number: _____

Parent signature _____ Date _____

**** Please note that OJC Members are automatically billed. Do not mail payment, just form.**

*Please mail this form with your check made payable to "OJC Youth Group" to:
 Orangetown Jewish Center Youth Group
 c/o Sharon Rappaport, Youth Director, 10 Carriage Lane, Nanuet, NY 10954*