



PARENT 1

Name:
Cell #:
Home #:
E-mail:
Address:
City, State Zip:

PARENT 2

**If different than Parent 1*

Name:
Cell #:
Home #*:
E-mail*:
Address*:
City, State Zip*:

MEMBERSHIP PAYMENT AGREEMENT – YOUTH DEPARTMENT 2019-20 / 5780

Non-payment of fees will result in your youth not being able to attend the Youth Department Program(s).

Payments are to be made by check, cash or credit card at time of registration.

PLEASE INDICATE PAYMENT TYPE:		CHECK #	CREDIT CARD:	M/C	VISA	AM/EX
Credit Card Number:			Exp. Date:		CVV:	
Name on Credit Card:						
YOUTH 1 NAME	YOUTH 2 NAME	AGE GROUPS	<u>CBA MEMBER</u> Registration	<u>Non-Member</u> Registration	TOTAL	
		Katan-Tan	\$25	\$35		
		Mahar	\$50	\$60		
		Kadima	\$60	\$70		
		Jr. USY	\$80	\$95		
		Sr. USY	\$80	\$95		
TOTAL						

In accepting your registration, CBA assumes expenses that are not reduced if your child is withdrawn at a later date. Therefore, CBA will not refund any fees.

EMERGENCY CONTACT 1

Name:
Relationship:
Phone #:

EMERGENCY CONTACT 2

Name:
Relationship:
Phone #:

MEDICAL INSURANCE

Our policy is that all participants in youth programs require proof of Medical Insurance coverage, including company name, policy number, etc.

Medical Insurance Co:

Insurance Company's Phone #:

Policy/Group #:

Certificate # (for group coverage):

Primary Insured's Name:

Personal Physician:

Phone #:



YOUTH 1

Last Name:

First Name:

Birthdate:

Secular School:

Grade in Secular School:

Youth's E-mail (if applicable):

Youth's Mobile (if applicable):

Katan-Tan [Kindergarten - 1st Gr]

Mahar [2nd & 3rd Gr]

Kadima [4th - 6th Gr]

Jr. USY [7th - 8th Gr]

Sr. USY [9th - 12th Gr]

YOUTH 2

Last Name:

First Name:

Birthdate:

Secular School:

Grade in Secular School:

Youth's E-mail (if applicable):

Youth's Mobile (if applicable):

Katan-Tan [Kindergarten - 1st Gr]

Mahar [2nd & 3rd Gr]

Kadima [4th - 6th Gr]

Jr. USY [7th - 8th Gr]

Sr. USY [9th - 12th Gr]

Health Information

IF ANY OF THE BELOW MEDICAL INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY.

(initial) I confirm that all my child's immunizations, as required for public schools, are up to date. List allergies to foods, medications, plants, insects, etc.:

List all medications currently taken on a regular basis, dosages and reasons for the medication:

Please describe any physical, emotional, behavioral, or learning needs your child may have, so we are better able to provide them with appropriate programming and accommodations if necessary:

Does your child have an IEP or 504 Plan from your school district? Yes No

Check those that apply:

ADD/ADHD

Auditory Processing Disorder

Autism

Developmental Delay

Other (Please describe):

Dyslexia

Speech/Language Impairment

Visual Processing Disorder

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Autism

Developmental Delay

Other (Please describe):

Dyslexia

Speech/Language Impairment

Visual Processing Disorder



RELEASE FORM

No youth will be permitted to participate in Beth Am Youth events without this form completed.

PARTICIPATION PERMISSION AND RELEASE

(initial) I give my permission for my youth to attend all scheduled activities with Congregation Beth Am programs. I certify that my youth is (are) physically able to participate in Congregation Beth Am programs and release Congregation Beth Am and its representatives from any and all liabilities whatsoever which may arise from their participation in the programs of Congregation Beth Am. I understand that Congregation Beth Am will provide adequate supervision for all programs and will make every reasonable effort to ensure the safety of all participants. However, I am aware that as a non-profit organization, Congregation Beth Am cannot, and will not, assume responsibility for any accidents or loss of personal effects or loss of life at any event. I hereby release Congregation Beth Am from any liability whatsoever which may arise as a result of transportation to and/or from events, for any injury to my child during a program, and waive any claim that hereafter may arise, specifically agree not to sue or bring action against Congregation Beth Am or its representatives. I also agree to release and forever discharge Beth Am from any and all actions, suits, of any kind or nature, whether known or unknown, both in law and in equity, arising out of each scheduled activity my youth elect(s) to participate in. I hereby acknowledge and agree this release applies to any and all actions, suits, or claims, whether known or unknown, foreseen or unforeseen, patent or latent, arising out of each activity my youth elect(s) to participate in.

MEDICAL RELEASE

(initial) I consent and give permission for my youth to attend and participate in all activities arranged by Beth Am for which they are registered. I certify that my youth is/are physically and psychologically able to participate in all such activities. In case of emergency, I authorize Beth Am and its representatives, as my agent and at my sole cost and expense, to engage appropriate healthcare providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances if Beth Am is not able to contact me for instructions in a timely manner. I hereby authorize any hospital which has provided treatment to my youth pursuant to the provisions of Section 6910, of the Family Code of California to surrender physical custody of such youth upon the completion of treatment. This authorization is given pursuant to the Section 1283 of the Health and Safety Code of California.

YOUTH BEHAVIOR

(initial) I understand that my youth will observe all the rules and regulations as stated by the Director of Youth Activities of Congregation Beth Am and their authorized representatives and that failure to comply will serve as a basis for suspension from participation without refund.

PARENT CUSTODY AUTHORIZATION

(initial) I understand that my youth may be released to either of their parents or guardians unless Beth Am is is otherwise notified in advance, in writing, with proper documentation. Beth Am cannot withhold a youth from a parent unless this procedure is followed. In cases of custody issues, please obtain a Parent Custody Authorization Form from the office.

PHOTO/INFORMATION RELEASE

(initial) I **DO NOT** give permission for my youth's photo/video/written work to be used for press releases or other promotional literature.

(initial) I **DO NOT** give permission for my name/address/phone number to be given out to classmates for carpool information or social events/gatherings/class roster.

Name:

Signature:

Date: