

**Kochavim**  
**Grades 6-8**  
**Temple Beth Torah Junior Youth Group**  
**2009- 2010 Youth Group Application**

Name: \_\_\_\_\_ Gender: M / F Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Temple Affiliation: \_\_\_\_\_

<u>Mother's/Guardian's Information</u>	<u>Father's/Guardian's Information</u>
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Home Phone: _____	Home Phone: _____
Cell: _____	Cell: _____
Work: _____	Work: _____
Email: _____	Email: _____

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Parents**

We will need parents' assistance in transporting Kochavim members to and from events..  
 Would you be willing to transport? **Y / N**

We will need parents to chaperone events. Please indicate below which types of events  
 you prefer to chaperone. Would you be willing to Chaperone? **Y / N**

**2009-2010 Kochavim Structure**

Kochavim is the junior youth group that consists of 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders. The focus of  
 Kochavim is to introduce members to youth group and NFTY (North American  
 Federation of Temple Youth) while strengthening their bond to the Jewish community.  
 We will have one event per month, and will register and pay by event. For each event,  
 registration forms will be distributed via email and mail. Forms and money will be due  
 in advance of each event.

**Annual Membership Dues**

Temple members - \$18  
 Non Temple members- \$36

Please send your dues along with this application to  
 Jessica Starkschall, Youth Director  
 Temple Beth Torah  
 900 Big Blue Trace  
 Wellington, FL 33414

*If you have any questions, please contact Jessica Starkschall, Youth Director at  
 561-793-2700 or [youthdirector@templebethtorah.net](mailto:youthdirector@templebethtorah.net)*

**Temple Beth Torah Youth Group**  
**2009-2010**  
**Medical Release Form**

Name: \_\_\_\_\_ Gender M / F  
Birthdate: \_\_\_\_\_ Age \_\_\_\_  
Parents/Guardians \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other \_\_\_\_\_

**In case of emergency and parent is unavailable please notify:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Business: \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Business: \_\_\_\_\_

Any chronic or major illness? \_\_\_\_\_

Any major allergies? \_\_\_\_\_

Are these allergies life threatening? \_\_\_\_\_

Treatment? \_\_\_\_\_

Are there any allergies to medications? \_\_\_\_\_

Other? \_\_\_\_\_

My child can be given the following over the counter medications:

\_\_Tylenol \_\_Advil/Motrin \_\_Sudafed \_\_Other \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_