

TiBToFTY

Temple Beth Torah Federation of Temple Youth

Grades 9-12

Membership Form 2009-2010

Dues: \$65 for Temple Beth Torah members and \$118 for non-members

Please send check (made out to TiBToFTY) to:

Jessica Starkschall, Youth Director

C/o Temple Beth Torah

900 Big Blue Trace

Wellington, Florida 33414

Name: _____

Address: _____

City: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday: _____

School: _____

Grade: _____

Member of Temple Beth Torah? Yes

No

Legal Guardian/s: _____

Home Phone: _____

Work: _____

Cell: _____

Occupation: _____

Email: _____

Are you interested in a leadership position on our youth group board?

Yes

No

Activities you would like to see TiBToFTY do: _____

Committees you would be interested in:

_____ Social Action

_____ Religious and Cultural

_____ Membership

_____ Purim Carnival

_____ Fundraising

_____ Programming

MEDICAL RELEASE

Health Care Plan: _____ Policy #: _____

Name of insured: _____

Family Physician Name: _____ Phone: _____

Any allergies? Yes No Major Illness? Yes No

Please explain: _____

My child may be given any of the following over the counter medications:

_____ Tylenol _____ Advil/Motrin Other (specify) _____

I hereby authorize the Temple Beth Torah Youth Director to hospitalize or secure proper medical treatment for my child _____. I agree to indemnify and hold harmless Temple Beth Torah, its employees and/or agents for any and all claims and injuries that may occur in connection with my child's Youth Groups activities including direct or indirect acts of negligence on the part of Temple Beth Torah, its Youth Director and/or its agents.

Signature of Parent/Guardian: _____ Date: _____

DRIVING RELEASE

I, _____, do hereby give my child, _____, permission to ride in designated transportation as decided by the Temple Beth Torah, Youth Director to a TiBToFTY or NFTY Regional event. I understand that at times there will be events that require transport operated by a third party (such as a bus company or airline), and do not hold Temple Beth Torah, any of its employees and/or agents responsible for any damage caused by these operators. In signing below, I give my child permission to (check all that apply):

- _____ Drive themselves to and from the event.
- _____ Drive with a sibling to and from an event.
- _____ Drive with a consenting chaperone to and from the event.
- _____ Drive with other teens as passengers
- _____ Have other teens as passengers
- _____ Take transportation provided by the youth group operated by a third party

Additional (*Confidential*) Information (ie. Persons your child is **NOT** permitted to drive with, etc.): _____

Signature of Parent/Guardian: _____ Date: _____