

Congregation Beth Or
YOUTH GROUP (GRADES K-12) REGISTRATION



239 WELSH RD. MAPLE GLEN, PA. 19002 PHONE (215) 646-5806 FAX (215) 646-0173

YOUTH'S NAME _____ DATE OF BIRTH ____/____/____
 ADDRESS: _____ CITY _____ ZIP _____
 YOUTH GROUP MEMBER: HOME # _____ CELL # _____
 YOUTH GROUP MEMBER'S EMAIL ADDRESS _____ AIM Screen Name _____
 PARENT/GUARDIAN: _____ HOME # _____ CELL# _____
 PARENT/GUARDIAN: _____ HOME # _____ CELL # _____
 PARENT/GUARDIAN: EMAIL: _____ SCHOOL: _____ GRADE IN FALL 2009: _____

The undersigned parent(s) or legal guardian(s) of _____, hereby consent(s) to my child's participation in the Congregation Beth Or Youth Activity Program. In consideration of Congregation Beth Or's acceptance of my/our child as a participant in the Youth Activities Program, I/we both individually and as legal guardian(s) of my/our child, hereby waive any and all claims against Congregation Beth Or, its agents, employees and volunteers that may arise out of any injury, loss or damage, suffered by my/our child during any program activity. I/we hereby authorize Congregation Beth Or and its employees and agents to act as my /our agent to consent to or arrange for any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child during any program activity.

Signed _____ Relationship _____

ENROLLED IN CONGREGATION BETH OR RELIGIOUS SCHOOL PROGRAM? (CIRCLE ONE) YES / NO (If yes, please sign the bottom of this form. You do not need to fill out the insurance information.)

MEMBER OF CONGREGATION BETH OR? (CIRCLE ONE) YES / NO IF NOT, WHERE?: _____

In case of an emergency, if cannot reach parent/guardian please contact:

Name _____ Home # _____ Cell # _____

Medical Insurance Carrier: _____ Policy & group # _____
 Insurance Carrier Phone Number _____ Insured Person's Name _____

As a member of Congregation Beth Or's Youth Group, or as a participant in a Youth Group program or event, I will conduct myself so as to promote mutual respect among members, participants, chaperones and Beth Or staff. I agree to abide by the rules and Code of Conduct as set in the BOFTY Constitution at and during transportation to and from all Beth Or Group meetings, programs and events.

Registration:

Registration deadlines are listed on each event form and we strictly adhere to such deadlines. If you miss a registration deadline, **do not contact the office staff**. Permission to attend an event after the registration date must be obtained from the Youth Advisor Josh Stone.

Guests:

All guests at Beth Or Youth events must have the guest's attendance approved prior to registration. Approval may only be given by Josh Stone. Please speak to him prior to submitting the event registration form.

YOUTH GROUP MEMBER'S SIGNATURE _____ DATE _____
 PARENT/ GUARDIAN SIGNATURE: _____ DATE _____

DUES STRUCTURE: 2009/2010 - YOUR CHECK (for Sr. BOFTY) MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE A MEMBER OF OUR YOUTH GROUP.

(Make checks payable to Congregation Beth Or)

Sr. BOFTY (Grades 9-12): \$20.00

Jr. BOFTY (Grades 6-8), Mini BOFTY (Grades 3-5), Bitty BOFTY (Grades K-2): No Dues

Please mail this completed form along with your check to:
Congregation Beth Or, Attention: Youth
239 Welsh Rd. Maple Glen, PA 19002