

LEFTY Membership Form

2011-2012/ 5772

INSTRUCTIONS

This form and the attached "Health and Safety Form for Union for Reform Judaism Youth Programs" must be completed by an informed parent/guardian and submitted with the participant's Brit K'hillah and membership dues (\$45) to Alicia McGee.

PARENTS,

PLEASE KEEP A COPY OF THE ATTACHED URJ HEALTH AND SAFETY FORM FOR YOUR OWN RECORDS. YOU WILL NEED TO FILL THIS FORM OUT MULTIPLE TIMES THROUGHOUT THE YEAR AND IT WILL BE MUCH EASIER IF YOU HAVE AN EXTRA COPY AT HOME.

**THANK YOU,
ALICIA MCGEE**

PARTICIPANT INFORMATION

(Please fill out the attached Health & Safety Form and save a copy at home.)

Participant's Name: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Day Phone: () _____ Eve. Phone () _____ Cell Phone: () _____

Gender: M F Grade: _____ Birthday: _____ IM Address: _____

Participant's E-mail: _____

Name of Parent/Guardian: _____ E-mail: _____

TRANSPORTATION INFORMATION

In allowing my son/daughter to participate in LEFTY and NFTY-NE sponsored events during the 2010-2011/ 5771 year, I understand that (s)he may be taking various forms of transportation to and from any given event. In the event that an adult-supervised bus or van is not chartered for youth group sponsored events, which is not typical...

I give my child permission to be transported to and from LEFTY events by a LEFTY-ite who is at least seventeen _____ years of age, has been a licensed driver for at least six months, and is of sound mental and physical condition.

I prefer that my child be transported to and from LEFTY events by an advisor, parent, or transportation _____ professional that is at least 21 years of age.

AUTHORIZATION

I release Temple Isaiah, LEFTY, URJ, NFTY, NFTY-Northeast, and its agents from all responsibilities other than program, included meals, and supervised scheduled activities. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the LEFTY Advisor and/or Director of Youth Programs to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above.

Parent/Guardian Signature _____ Date _____