

# YOUTH@AI REGISTRATION

ALL YOUTH@AI PARTICIPANTS MUST HAVE A COMPLETED FORM!

PLEASE FILL OUT ONE FORM FOR EACH CHILD YOU ARE ENROLLING IN A YOUTH GROUP AT ADAS ISRAEL. PLEASE RETURN BY MAIL, WITH DUES PAYMENT, TO YOUTH@AI, ADAS ISRAEL CONGREGATION, 2850 QUEBEC STREET, NW, WASHINGTON, DC 20008.

## CHECK YOUTH GROUP:

 CHAVERIM (GRADES K-2)

 MACHAR (GRADES 3-5)

 KADIMA (GRADES 6-8)

 USY (GRADES 9-12)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

SCHOOL \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

SEPARATE MAILING REQUIRED?  No  Yes, ADDRESS: \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_

Yes, I would like to help chaperone Youth@AI events.

I WILL DO MY VERY BEST TO PARTICIPATE IN AS MANY YOUTH EVENTS AS I CAN AND TO SUPPORT MY YOUTH GROUP.

I AGREE TO FOLLOW THE DIETARY RULES OF KASHRUT AS OBSERVED BY ADAS ISRAEL CONGREGATION. I WILL PURCHASE AND EAT ONLY NON-MEAT FOODS OUT OF THE SYNAGOGUE BUILDING WITH MY YOUTH GROUP.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

**ANNUAL MEMBERSHIP DUES:** USY, KADIMA — \$35 MACHAR, CHAVERIM — \$25

MAKE CHECKS PAYABLE TO ADAS ISRAEL CONGREGATION AND RETURN WITH COMPLETED FORM!

## PARENTAL RELEASE

I GIVE PERMISSION FOR MY CHILD

\_\_\_\_\_ TO PARTICIPATE IN YOUTH@AI ACTIVITIES AND TRIPS.

I UNDERSTAND AND GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY BUS, STAFF, PARENT OR OTHER AUTHORIZED ADULT.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I GIVE PERMISSION FOR MY CHILD

\_\_\_\_\_ TO BE TREATED BY A PHYSICIAN OR HOSPITAL SELECTED BY THE STAFF MEMBER IN CHARGE OF THE YOUTH GROUP ACTIVITY. I RELEASE THE YOUTH DEPARTMENT, ADAS ISRAEL CONGREGATION, AND THEIR STAFF FROM LIABILITIES IN CASE OF ANY ACCIDENT OR INJURIES.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PLEASE LIST ANY MEDICAL OR EMOTIONAL PROBLEMS THAT WILL HELP US IN CARING FOR YOUR CHILD: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_