



TEMPLE BETH AM YOUTH PROGRAMS  
YOUTH EDUCATOR  
300 PLEASANT STREET  
FRAMINGHAM, MA 01701  
(508) 872-8300  
YOUTH@TEMPBETHAM.ORG

## APPLICATION FOR MEMBERSHIP 2008- 2009 ☆ 5768 - 5769

### DUES:

Beth Am Member: \$45.00  
Non-Member: \$50.00

Please make checks payable to TBA Youth Commission and send to Temple Beth Am, Attn: Youth Educator.

- Yes, it is ok for a member of the BATY Board to view this form and input data into the BATY Membership Roster  
 No, this form contains confidential information and should only be viewed by the BATY Advisor

### MEMBER INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ AIM Screenname \_\_\_\_\_  
Birthday \_\_\_\_\_ Grade \_\_\_\_\_

### EMERGENCY CONTACT:

Name & Relation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### HEALTH INFORMATION:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions (ie: Vegetarian/Vegan, Kosher, etc.) \_\_\_\_\_  
Other Health Issues \_\_\_\_\_  
OTC Medications My Child May Have (Advil, etc.) \_\_\_\_\_

## PARENT INFORMATION:

(May write "same" for any fields identical to those of Member.)

### Parent #1

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

### Parent #2

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

## *B'RIT KEHILLAH (CODE OF CONDUCT):*

**Instructions: Member must read the following Code of Conduct and sign at the bottom.**

Vandalism to any property occurring before, during, or after a sponsored event will result in severe disciplinary action, leading to family involvement and possible suspension of membership.

All Members will participate fully at events for their duration, and remain within the designated perimeters.

No Guests are allowed at events, unless permission is granted in advance by a member of the Temple Beth Am Youth Programs Staff, and that any unauthorized guests will be asked to leave immediately.

All members will agree to refrain from any inappropriate behavior not already listed in this Code of Conduct

All members will abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.

Member Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

## PERMISSION FORM:

I give permission to \_\_\_\_\_ to be a member of Temple Beth Am's B.A.T.Y. Youth Group and to fully participate in all activities sponsored/arranged by temple Beth Am and its respective youth groups and programs. I have read the Temple Beth Am Code of Conduct and agree that the member will abide by its terms and conditions. I understand that any infraction or violation of the Temple Beth Am Code of Conduct may result in immediate expulsion from an event and/or membership at the expense of the parent/guardian. I release Temple Beth Am and B.A.T.Y. and all of its agents from liability in case of accident or injury resulting from, or in connection with, related activities. I hereby empower the Temple Beth Am Youth Programs Staff (as designated by the Temple Beth Am *Va'adat Noar* and Youth Group Advisor) to act for me in accordance with their best judgment in the case of an emergency. The Information on this application is correct and accurate to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_