



TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County
CARLSBAD, CALIFORNIA

2018-2019 Youth Group Registration

Jr. TYGER (Grades 6-8) Sr. TYGER (Grades 9-12)

Please submit a separate set of forms for each child

Student's Name _____ Birth date _____ Sex (M or F) _____

Student's Hebrew Name _____ (ben/bat) _____

Secular School _____ Grade in fall 2018 _____

Student's Cell # _____ Student's Email: _____

Emergency Contact & Medical Consent

Temple Etz Rimon
2020 Chestnut Avenue Carlsbad, CA 92008
(760) 929-9503

Parent 1 Name _____ Home phone _____

Email _____ Cell phone _____

Parent 2 Name _____ Home phone _____

Email _____ Cell phone _____

Parent 1 Address _____ City, Zip _____

Parent 2 Address (if different) _____ City, Zip _____

In the event of an emergency, when I am not available, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

My child is taking the following medication: _____

Special needs to be aware of in rendering treatment are: _____

Allergies: _____

I hereby authorize Temple Etz Rimon to obtain necessary emergency care for my child. In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by Temple Etz Rimon representatives or employees, when neither Parents, Guardian, or Family Physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Signature of Parent _____ Date _____



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Release

I agree that pictures/videos of my child taken during his/her participation in religious school and other Temple Etz Rimon programs may be used by Temple Etz Rimon for publicity or promotional purposes.

Signature of Parent _____ Date _____

Consent

I agree that my child's name, address and telephone number may be used by Temple Etz Rimon for a school or class telephone roster.

Signature of Parent _____ Date _____

Annual Youth Group Membership - \$100

<i>Student Grades</i>				
# of children in Jr. TYGER	6 th & 7 th & 8 th Graders	@	\$100 each	=
# of children in Sr. TYGER	9 & 10 & 11 & 12 Graders	@	\$100 each	=
			Total Due	

- Students in grades 6 & 7 must be enrolled in Religious School.
- Enrollment in Temple Etz Rimon Youth Group is available only to temple member families
- Some events may require non-refundable deposit/prepayment in order to confirm reservation and attendance.

Please include your membership with this Application

You must be a Temple Etz Rimon member and current on your financial obligations to enroll your child in TYGER.

I understand my financial obligation to Temple Etz Rimon is for the **full annual membership** as stated on this registration form, and that Temple Etz Rimon does not refund the fee or cancel unpaid obligations if the student withdraws for any reason during the upcoming academic year.

Signature of Parent _____ Date _____