

DHJC YOUTH GROUP REGISTRATION FORM
2020-2021

Youth Group Member's Name: _____

Parent's/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

Phone Numbers (Cell #'s are optional, but at least 1 would be helpful)

Home: (_____) _____ Member's Cell #: (_____) _____

Mom's Cell #: (_____) _____ Dad's Cell #: (_____) _____

Member's Email Address: _____

Parent's Email Address: _____

Member's Age & Grade: _____ Birthday: _____

Gender: Male _____ Female _____

Any Allergies (food, medicine, etc...) _____

Emergency Contact Name/Relation: _____

Emergency Contact Phone Number(s): (_____) _____

Are you a Dix Hills Jewish Center member? Yes [] No []

If No, what temple if any do you belong to? _____

What Day School do you attend? _____

Dix Hills J.C. Youth Groups:

- Macabees – for those in 3rd, 4th, or 5th grade.
- Kadima- for those in 6th & 7th grade.
- USY – for those in 8th, 9th, 10th, 11th, or 12th grade.

Youth Group Dues for the remainder of 2020-

DHJC members - \$36 Non DHJC members - \$40 Sibling discount of \$6 per additional member.

*Balance of dues beginning January 2021 through the end of the school year to be determined based on structure of additional programming/scheduling; information to follow in the weeks ahead.

Please either submit dues payment conveniently via credit card (3.5% surcharge applies) via the DHJC Website Youth Group page- **OR**- please make any checks payable to DHJC Youth.

Photography Policy

The Dix Hills Jewish Center and the Youth Group will photograph and video tape members for advertisements, newsletters, media, and slideshows. By signing below, you are authorizing and granting permission to the Dix Hills Jewish Center and the Youth Group to take photographs, video and digital images of your child and grant permission for these photographs to be posted at the temple, and published and/or distributed in newsletters, advertisements, media, slide shows and other outlets for the purpose of communication, marketing and public relations.

(If you wish to opt out you must provide a letter in writing specifying your choice to opt out before your child begins youth group)

By submitting this form, I accept and understand that as a member of the Dix Hills Jewish Center Youth Group, my child must follow the rules and regulations set forth by the Dix Hills Jewish Center and United Synagogue of Conservative Judaism. Any infraction of such rules and/or regulations may result in a suspension or expulsion from the youth group program. Furthermore, I understand that in the unlikely event of an emergency, every effort will be made to try to reach me and/or the person I listed as my emergency contact. If neither of us can be reached, I authorize the staff members of United Synagogue Youth and the Dix Hills Jewish Center to act as our agents. I give consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a duly licensed physician; in the event such help of an emergency nature becomes necessary. In no event will United Synagogue Youth, the Dix Hills Jewish Center, its officers, staff, or agents be held liable for any first aid or surgical procedures performed pursuant to this consent.

Parent/Guardian: _____ Date: _____

Youth group Member: _____ Date: _____