

# SCOOBY 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 PARENTS /GUARDIAN AND SUBMITTED ALONG WITH THE PARTICIPANT'S BRIT K'HILLAH AND MEMBERSHIP DUES (\$20.00 NFTY + \$20.00 SCOOBY = \$40.00 TOTAL) TO REBEKAH GOLDMAN @ 50 SEWALL AVENUE, BROOKLINE, MA 02446. PLEASE MAKE CHECKS PAYABLE TO TEMPLE SINAI YOUTH GROUP.

PARENTS YOU WILL ONLY HAVE TO FILL THESE FORMS OUT ONCE EVERY YEAR. WE WILL PHOTOCOPY THE ATTACHED URJ HEALTH AND SAFETY FORM FOR ALL REGIONAL AND LOCAL EVENTS, SO PLEASE FILL OUT ALL OF THESE FORMS CLEARLY AND COMPLETELY. ALSO PLEASE LEAVE THE EVENT NAME, LOCATION, AND DATE BLANK ON THE CORRESPONDING URJ FORM. LASTLY, PLEASE NOTE THAT YOU WILL STILL HAVE TO FILL OUT AN EVENT REGISTRATION FORM FOR ALL REGIONAL AND NATIONAL EVENTS.

THANK YOU,

BEKAH GOLDMAN, YOUTH EDUCATOR AND SCOOBY ADVISOR

BEKAH.GOLDMAN@GMAIL.COM

225.803.8259

Check out our website: <HTTPS://SITES.GOOGLE.COM/SITE/SINAIYOUTHGROUP/>

## Participant Information

Participant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Parent Cell #: ( ) \_\_\_\_\_ Student Cell #: ( ) \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Facebook Access: Y N

Participant's Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

## Transportation Information

In allowing my child to participate in SCOOBY and NFTY sponsored events during the 2011-2012/5772 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 car is not chartered for sponsored events, which is unusual...

\_\_\_\_\_ I give my child permission to be transported to/from SCOOBY events by a SCOOBY-ite who is at least 17 years of age, has been a licensed driver for at least 6 months, and is of sound mental and physical condition.

\_\_\_\_\_ I prefer that my child be transported to/from SCOOBY events by an advisor, parent, or transportation professional who is at least 21 years of age.

## Authorization

I release Temple Sinai, SCOOBY, URJ, NFTY and its agents from all responsibilities other than programs, 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 Director of Youth Activities to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_