



JEWISH SUNDAY CHILDREN'S PROGRAM – 2011-2012

Personal Information

Participant's Name: Last First M.I.
Address: Street Address Apartment/Unit #
City State ZIP Code
Home Phone: () Cell Phone: ()
E-mail Address: Date of Birth:
Membership [] Yes [] No If yes, expiration date:
How did you hear about us?
Parent/Guardian's Name: Last First M.I.
Emergency Contact:

AUTHORIZATION FOR TRIPS

I _____ give my child permission to participate in all trips and to participate in all program activities at the Jewish Sunday Program.
Signature _____ Relationship _____ Phone _____ Date _____

HEALTH RECORDS

I give permission for full participation in Sunday Jewish Program subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature _____ Relationship _____ Phone _____ Date _____
Allergies: Food, medicines, insects, plants
Explain: _____
Limitations:
Activity Restrictions _____
Diet restrictions _____
Signature _____ Relationship _____ Phone _____ Date _____

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