



Jewish Community Center

SONOMA COUNTY

JEWISH TEEN PROGRAM

GRADE IN FALL 2010 _____

TEEN AND FAMILY INFORMATION

Student's Name: _____ Cell Phone: _____

Email Address: _____

Please print email address clearly. The JCC uses email very frequently to communicate.

Contact Parent Name: _____ Mom Dad

Email Address: _____

Cell Phone: _____ Home Phone: _____

Second Parent Name: _____ Mom Dad

Email Address: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

City: _____

Zip: _____ If currently affiliated, name of Synagogue: _____

1. Emergency Contact (other than parent): _____

Relationship: _____

Emergency Contact Phone(s) #: _____

2. Emergency Contact (other than parent): _____

Relationship: _____

Emergency Contact Phone(s)#: _____



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MEDICAL INFORMATION

Is participant allergic to any foods or medications? If yes, what?

Is there any additional information the staff should know about your child?

Please describe any chronic or recurring illness or condition your child is affected by that would prevent him/her from participating in any activities or restrict their participation in such activities, and describe any restrictions that JCC staff should be aware of.

Insurance Information

This information must be completed for your teen to attend Jewish Teen Program functions.

Please attach a copy of the teen's health insurance card.

Do you have family medical/hospital insurance? Yes No

Name of Policy Holder:

Group or Policy#: Carrier:

Name of family physician: Phone:

Authorization for Emergency Medical Treatment, Transportation to/from Activities and Use of Photographs, and Agreement

I understand that the Jewish Teen Program does not provide any accident or health insurance coverage for members or guests. I further understand that it is the responsibility of every individual participant, his or her parents or legal guardian to provide their own accident and/or health insurance coverage while participating in Jewish Teen Program activities. In the event I cannot be reached in case of an emergency or need for medical treatment involving my child, I hereby authorize the Jewish Teen Program Director or his/her authorized representative to consent to any emergency transportation, medical treatment and/or hospitalization rendered to my child. I understand that I will be responsible for the cost of such transportation and medical treatment.

My child has permission to ride in any necessary transportation to or from Jewish Teen Program activities that is arranged by the Jewish Teen Program. I grant permission for my child to participate in all Jewish Teen Program activities except as may be specifically noted in the Medical Information above, and I hereby authorize the Jewish Teen Program to use photographs, videos, likenesses or testimonials of my child for Jewish Teen Program marketing purposes unless otherwise indicated in writing. I further understand and agree that my child must follow the basic rules outlined in the Agreement as it may be amended from time to time.

Student's Name:

Parent/Guardian Signature: Date:

5/27/2010