

**YACHAD
PARENTAL RELEASE FORM**

1. My son/daughter has my permission to attend all youth activities. I hereby release Congregation Knesset Israel, Temple Anshe Amunim, and the appropriate youth groups from any liability due to my child's participation.
2. In case of an emergency, I hereby give my permission to the physician selected by the advisor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child if I am not able to be reached.
3. My son/daughter has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the scheduled activity, unless this box () is checked with an explanation here:

4. I understand that I will be held financially responsible for all medical treatment costs and medications as prescribed.

My child may / may not (please circle) be given:

Aspirin Tylenol Advil Motrin. (Please circle)

My child is allergic to the following medication _____

My child is allergic to the following items _____

If injury or illness is serious and parent or guardian cannot be contacted, personal Physician shall be contacted: Yes _____ No _____

If warranted, an ambulance may be called: Yes _____ No _____

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Preferred Hospital: _____

Field Trip Waiver

Note to parents:

This is in lieu of periodic permission slips for individual trips during the program year 2009-2010. Parents will be informed of all such trips in advance. Permission granted here will remain in effect indefinitely unless revoked by parent or guardian.

My child _____ has permission to go on field trips sponsored by the Congregation Knesset Israel and Temple Anshe Amunim youth group. I understand that travel will be by bus or private car and will be accompanied by staff and/or parent.

I release Congregation Knesset Israel, Temple Anshe Amunim, its individual constituents and all related employees from any and all liability during supervised activities.

Name of Student: _____

Parent/Guardian Signature: _____ Date: _____

Yachad

Congregation Knesset Israel USY
16 Colt Road
Pittsfield, MA 01201

Temple Anshe Amunim
26 Broad Street
Pittsfield Ma 01201

Membership form (Please fill out the back side as well)

Name: _____ Birthdate: ____/____/____ Grade: ____ Sex: M F

Year of Graduation from H.S. _____ School: _____

Address including City/State/Zip Code: _____

Phone: (____) _____ Synagogue Affiliation: _____

Student E-Mail Address: _____

Custodial Parent (if Divorced or Separated): _____

Dietary Restrictions: _____ Vegetarian: Y N

In Case of Emergency Notify:

Mother: _____ Home: _____ Work: _____ Pager/Cell: _____

Father: _____ Home: _____ Work: _____ Pager/Cell: _____

Other: _____ Home: _____ Work: _____ Pager/Cell: _____

Mother's E-Mail Address: _____

Father's E-Mail Address: _____

I AGREE TO ABIDE BY ANY AND ALL USY OR NFTY REGULATIONS (LOCAL, REGIONAL, AND INTERNATIONAL), IN ORDER TO MAINTAIN MY MEMBERSHIP STANDING IN USY and NFTY.

Signature of Student

Yachad dues are \$40.00. Please make all checks payable to *Yachad (or KI or TAA)*
Please send your check and this form to:

Lara Denmark
67 Rockland Dr.
Pittsfield, MA 01201

Or

Rachel N. Alemany
43 Arlington St
Pittsfield MA 01201