

# BESTY

2005-2006

## MEMBERSHIP APPLICATION

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*(Please write neatly!)*

### Personal Information

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in school('05-'06): \_\_\_\_\_ High school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

How often do you check your e-mail? • Daily • Weekly • Less than once a week

Is your family a member of Temple Beth Shalom? • Yes • No

If not, which congregations? \_\_\_\_\_

### Information about food

Do you keep kosher? \_\_\_\_\_ Are you a vegetarian? \_\_\_\_\_

Any other dietary restrictions? (An allergy or a bizarre avoidance of salad, e.g.) \_\_\_\_\_

Favorite food(s): \_\_\_\_\_

## Youth Group Information

Other Jewish youth groups you are a member of: \_\_\_\_\_

Favorite youth group event you have been to: \_\_\_\_\_

Events you would like to see in the future: \_\_\_\_\_

Types of programming you are most interested in:

- Social events
- Educational
- Social Action
- Israel focused
- Jewish culture/services
- Regional events

Why you want to be a member of B9STY *(we know there are lots of reasons—just pick one!)* J : \_\_\_\_\_

## Random Fun Information

Other extra-curricular activities you are involved in: \_\_\_\_\_

Favorite Color: \_\_\_\_\_ Favorite Music Group: \_\_\_\_\_

Favorite Number: \_\_\_\_\_ Favorite School Subject: \_\_\_\_\_

Favorite Animal: \_\_\_\_\_ Favorite Jewish Holiday: \_\_\_\_\_

Favorite TV show: \_\_\_\_\_ Favorite Movie: \_\_\_\_\_

Languages you speak (other than English): \_\_\_\_\_

Funniest joke you know that you would be willing to tell to your grandmother: \_\_\_\_\_

If you submitted a joke last year, please write a different joke this year! .

[The information on this sheet should be completed by a PARENT or GUARDIAN.]

### Parent Information

Guardian One Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to BeSTYite \_\_\_\_\_ Lives with BeSTYite? Yes / No

Are you interested in: • Chaperoning Events • Providing Transportation

Guardian Two Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to BeSTYite \_\_\_\_\_ Lives with BeSTYite? Yes / No

Are you interested in: • Chaperoning Events • Providing Transportation

### Emergency Contact Information

In the event of an emergency, accident, or apparent serious illness, when a parent cannot be reached, please notify the following person. S/he is authorized to act in parent's absence.

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_  
Guardian's signature Date

### Medical Information

Medical Insurance Policy Name \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food/other Allergies: \_\_\_\_\_

Medications regularly taken: \_\_\_\_\_

X \_\_\_\_\_  
Guardian's signature Date

**Release form**

I approve this application and release Rabbi Howard Apothaker, Temple Beth Shalom, and its agents from all responsibility other than for supervised scheduled activities.

In the event that I cannot be reached during an emergency, I hereby give my permission to the physician selected by the adult leadership at Temple Beth Shalom to seek emergency medical treatment including x-rays, routine tests, injections, hospitalization, anesthesia, or surgery for my child, \_\_\_\_\_ . I recognize that I will be responsible for any costs incurred for these treatments.

X \_\_\_\_\_  
Guardian's signature Date

I understand that, as a member of BeSTY, my child may be attending activities with Temple Beth Shalom's youth program, including activities away from Temple Beth Shalom. I release Rabbi Howard Apothaker, Temple Beth Shalom, its employees, officers, and trustees from all liability, claims, damages, and/or fines arising out of my child's participation in such events.

I agree to indemnify and hold Rabbi Howard Apothaker, Temple Beth Shalom, its employees, officers, and trustees harmless from all liabilities, claims, damages and/or fines related to my child's actions while my child is participating in all Temple Beth Shalom or BeSTY endorsed events and field trips. I understand that these events and field trips begin at designated times and locations and end at designated times and locations.

X \_\_\_\_\_  
Guardian's signature Date

**To activate your membership in BeSTY for the 2005-2006 school year, return this form along with a check for \$30 made out to "Temple Beth Shalom Youth Groups" to BeSTY's advisor, Sharon Ross, at Temple Beth Shalom.**

I have read NFTY's B'rit Kehilla (code of conduct) and I agree to to abide by them at all NFTY events that I attend, whether sponsored by BeSTY, by another temple youth group, or by the NFTY Ohio Valley region.

\_\_\_\_\_  
BeSTYite's signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian's signature  
Date: \_\_\_\_\_