

JeRAFTY Membership Form 09 – 10

Name: _____ Grade: _____

Address: _____

Phone: _____ Cell: _____

E-Mail _____

Facebook? _____

Mother's Name: _____

Phone: cell: _____ work: _____

E-mail: _____

Father's Name: _____

Phone: cell: _____ work: _____

E-mail: _____

Emergency Contact (Other than parent):

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Insurance: Insurance Carrier: _____

Policy Number: _____

Telephone Number: _____

Allergies: _____

Permission Slip:

I give permission for my child _____, to participate in all JeRAFTY events. I allow my child to attend events at both Congregation Beth Ahabah, as well as, events at other location, sponsored by JeRAFTY. I give permission for the adults selected by Congregation Beth Ahabah to seek medical attention if necessary in the event of an emergency. I understand that Congregation Beth Ahabah or JeRAFTY may request a special permission form for special events. I further understand that neither Beth Ahabah nor JeRAFTY assume any liability other than as stated herein.

Parent Signature: _____

Member Signature: _____

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Dues: New Member: \$35 \_\_\_ Returning Member: \$25 \_\_\_ (make checks payable to Congregation Beth Ahabah)

Collected By: \_\_\_\_\_ Date: \_\_\_\_\_