



REGION
NAME OF EVENT AND GRADES
DATE & TIME
OTHER INFORMATION

Participants First Name _____ Last Name _____

Date of Birth _____ Current Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Participants Cell Phone number _____ Participants e-mail _____

Parent/Guardian 1 First Name _____ Last Name _____

Cell Phone # _____ e-mail address _____

Parent/Guardian 2 First Name _____ Last Name _____

Cell Phone # _____ e-mail address _____

Participant lives with ____ parent/guardian 1 ____ parent/guardian 2 ____ both parents/guardians

Emergency Contact if Parent/Guardians cannot be reached

Parent/Guardian 2 First Name _____ Last Name _____

Cell Phone # _____ relation to participant _____

Are you a member of a URJ Congregation? ____ yes ____ no

If so, which congregation (name and city) _____

Does the participant attend a Jewish Summer camp? ____ yes ____ no

If so, which camp (name and city) _____

Please turn over to complete the form

Does the participant have any allergies, dietary, medical or emotional information that our program staff should be aware of?

The participant has my permission to engage in all event activities, except otherwise expressly noted by the parent or guardian. If the Participant's parent or guardian cannot be reached in the case of an emergency, I give permission to the physician/health provider selected by URJ Youth Programs to secure and administer treatment including hospitalization for the Participant. This information may be printed/photocopied for access in an emergency.

URJ Youth Programs has the permission of the Participant's parent or guardian to use any recording, or other depiction (whether by sound, video, photography or other means) or testimonials (written or verbal) for the purpose of promoting the URJ and its programs, events and activities. Except with respect to sole negligence of the URJ and its employees and volunteers, the undersigned parent/guardian hereby releases, discharges, and holds harmless the URJ and its employees and volunteers from any and all claims, lawsuits, or other legal cause of action, which relates to the participant's participation in a URJ Youth Program, Event, or the Participant's travel to and from the event and its activities.

Name of Parent/Guardian _____

Signature _____ date _____

Have you already created an account for NFTY (grades 6-12) on our online registration system?

___ yes ___ no

If yes, was this registration for ___ this participant ___ another participant from our family

Name of other participant _____

FOR OFFICE USE

Amount Received \$ _____

Paid by: ___ cash ___ check – check number _____