

## ALL YOUTH GROUP MEMBERSHIP

### Congregation Olam Tikvah

3800 Glenbrook Road, Fairfax, Virginia 22031

### Permission and Emergency Form

*Complete one form for each child in grades K–12. Use page 2 to provide additional information.*

See page 2 for dues structure.

<b>Child's Last Name</b>		<b>First Name</b>	
<b>Grade</b>	<b>Date of Birth</b>	<b>T-Shirt Size</b> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Child <input type="checkbox"/> M <input type="checkbox"/> L	
<b>Street Address</b>		<b>City/State/Zip</b>	
<b>Home phone</b>	<b>Child's email</b>	<b>Parent's email</b>	
<b>Parent/Guardian name</b>	<b>Daytime phone</b>	<b>Cell phone or pager</b>	
<b>Second parent name</b>	<b>Daytime phone</b>	<b>Cell phone or pager</b>	
<b>Emergency contact name</b>		<b>Phone number</b>	
<b>Doctor's name</b>		<b>Phone number</b>	
<b>Insurance company name</b>	<b>Address/phone</b>	<b>Policy number</b>	
Please provide details if your child has any vision or hearing problems; allergies; or other medical conditions such as diabetes, hypoglycemia, seizures, heart disease, depression, or ADD/ADHD.			
If your child requires medication for physical or emotional conditions, please list the name of the medicine, frequency, and dose.			
Please list any special dietary needs or food allergies: <input type="checkbox"/> Lactose intolerant <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other (specify)			
<p>I give my child, _____, permission to participate in and to attend activities sponsored by Congregation Olam Tikvah.</p> <p>I understand that every effort will be made to reach me in an emergency, but that obtaining medical care for my child may have to take priority. I understand that, in an emergency, my child will be treated by the nearest hospital, emergency room, or emergency care center. If I cannot be reached in an emergency, I give permission to the physician or medical staff selected by the Olam Tikvah representative to provide medical treatment or hospitalize my child as may be necessary to provide proper care.</p> <p>I understand that participation in certain activities may carry inherent risks (e.g., skating, swimming). I recognize that I am responsible for evaluating those risks and discussing the risks and appropriate conduct with my child.</p> <p>I understand that for the safety, enjoyment, and ability to learn by all participants, my child must adhere to Olam Tikvah's Youth Code of Conduct (see page 2) while in Olam Tikvah, riding on buses or private vehicles to or from a program site, and at program sites located away from Olam Tikvah, including USCJ Regional and International events.</p> <p>My child's photo may be used in promotional materials such as a newsletter, Web site, or brochure. My child's name will not be used in conjunction with his/her likeness without my permission.</p>			
<b>Signature of Parent or Guardian</b>			<b>Date</b>

**Continued**

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**Olam Tikvah Youth Code of Conduct**

Youth attending Olam Tikvah and programs sponsored by Olam Tikvah or USCJ, shall behave in a manner that reflects well on them and their community. They shall:

- Dress appropriately for the event (e.g., Shabbat clothes for Shabbat and holiday events)
- Observe the sanctity of Shabbat and holidays
- Observe Kashrut while at Olam Tikvah or participating in Olam Tikvah and USCJ events
- Treat other participants, teachers, advisors, chaperones, and guests courteously
- Refrain from carrying weapons or committing acts of violence, even in jest
- Refrain from using or possessing alcohol, drugs, tobacco, and unauthorized medications
- Refrain from using or wearing vulgar or foul language, cursing, or using terms of bigotry
- Demonstrate respect for the property of others
- Observe all rules of safety and conduct that apply to a particular event or location

*Use this space to complete any information that does not fit in the space provided on page 1.*

**Olam Tikvah Youth Group Dues Structure 2009-2010**

<b>Group/Grades</b>	<b>Annual Chapter Dues</b>	<b>Regional/International Dues</b>	<b>Total Dues</b>
Machar/4-5	\$5	none	\$5
Kadima/6-8	\$6	\$12	\$18
USY/9-12	\$17	\$19	\$36

Non-OT youth group members: Annual chapter dues are \$18 over the fees listed above.

Activity fees generally reflect the actual cost of the event. Non-members of youth groups (guests and OT youth who have not joined) will pay event fees of \$5 over the base price. For activities that are free to youth group members, non-members will pay a fee of \$5 or actual cost if higher.

**Make checks payable to Congregation Olam Tikvah.**

**Need-based financial aid may be available for OT members.**