

Junior Ohabei Shalom Temple Youth

21st Annual Ohabei Shalom Junior Regional Shul-In Application
February 4 & 5, 2012

All checks should be made payable to your own synagogue, Cost: \$40

Name of Your Group/Synagogue _____
City Where Your Synagogue is Located _____

Name: _____ Date of Birth: _____ E-Mail _____ Age: ____ Grade: ____

Address: _____ City: _____ Zip: _____ Home Phone # () _____

Sex: (circle one) Female Male Food: (circle one) Anything Vegetarian Vegan

(Dinner will be a kosher-style dairy pasta dish)

Parent/Guardian Name: _____ Day Phone: () _____ Evening Phone: () _____

Emergency Contact: _____ Phone #: () _____

Medical Information

Doctor's Name: _____ Phone # () _____

Date of most recent tetanus booster: _____

Insurance Company: _____ Policy: _____

Dentist: _____ Phone #: () _____

Does this participant have any physical or emotional conditions of which the Ohabei Shalom staff should be aware? If so, please describe:

Restrictions on Activities:

Medications to be taken overnight:

Allergies to drugs, food or special diet:

Statement by Parent or Guardian

I hereby grant permission for my child _____ to attend the 21st Annual Ohabei Shalom Junior Regional Shul-In in Brookline, MA on February 4 & 5, 2012. This will serve to release Temple Ohabei Shalom of Brookline MA, all of their personnel, employees, and representatives from all responsibilities other than program, including meals and supervised, scheduled activities.

The above health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the Ohabei Shalom youth staff to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above.

Signature of Parent or Guardian: _____ Date: _____

(Over)