

# Youth Group

## Complimentary Membership Application

Chen Ben Shabat Levi - **Director of Youth Engagement**

[chen@templesolel.com](mailto:chen@templesolel.com)  
 954-989-0205 ext. 117  
 5100 Sheridan St.  
 Hollywood, FL 33021  
[www.templesolel.com](http://www.templesolel.com)

**KEIFF (K-3<sup>rd</sup>)**   
  **SABABA (4<sup>th</sup>-6<sup>th</sup>)**   
  **SOLTY Junior (7<sup>th</sup>-8<sup>th</sup>)**   
  **SOLTY (9<sup>th</sup>-12<sup>th</sup>)**

**Youth Membership includes indoor programs.**  
**All outdoor programs will be charged separately.**

**KEIFF (K-3<sup>rd</sup>):**

Meets regularly every Sunday from 12:00 pm to 1:00 pm for "shat keiff" (fun hour).  
 "Shat keiff" is a special program designed for your child to experience Jewish tradition  
 through educational and fun activities.

**SABABA (4<sup>th</sup>-6<sup>th</sup>):**

Meets every five to six weeks, usually on Sunday after religious school, or other days for  
 exciting indoor/outdoor programs.

**SOLTY Junior (7<sup>th</sup>-8<sup>th</sup>):**

Meets twice a month on Tuesdays from 5:15 pm to 6:15 pm for dinner\* and a program.  
 Meets on other important dates for outdoor activities and NFTY weekends.

**SOLTY (9<sup>th</sup>-12<sup>th</sup>):**

Meets regularly on Tuesdays from 6:15 pm to 7:30 pm for dinner\* and programs.  
 Meets on other important dates for outdoor activities and NFTY weekends.

<b>Participant's Name:</b>		<b>Grade as of August 2016:</b>
<b>E-mail of participant (if applicable):</b>		<b>Date of Birth:</b>
<b>Home Address:</b>		
<b>City:</b>	<b>Zip:</b>	<b>Facebook/Instagram nickname (if applicable):</b>
<b>Cell phone Of Participant (if applicable):</b>		

\*Applicable fee for dinner. Please check dinner registration form.

Please list any allergies participant has and any medical information that the Director of Youth Engagement should be aware of. If there are no known allergies, please indicate that as N/A.

**Our Family is a member of Temple Solel**    **Yes**     **No**  -Members are not eligible to join *Keiff* or *Sababa* Youth Groups. Please contact the Temple for information on how to join our Temple family.

Parent 1	Parent 2
<b>Name:</b>	<b>Name:</b>
<b>Cell #:</b>	<b>Cell #:</b>
<b>Home #:</b>	<b>Home #:</b>
<b>Work #:</b>	<b>Work #:</b>
<b>E mail:</b>	<b>E mail:</b>
<b>Parents are:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	

Emergency Information	
<b>Emergency Contact (other than parent):</b>	
<b>Relationship to participant:</b>	<b>Emergency Phone #:</b>
<b>Physician name:</b>	<b>Physician Phone #:</b>
<b>Insurance name:</b>	<b>Policy/plan #:</b>
<b>Insurance phone #:</b>	<b>Group #:</b>

**Authorization/Permissions**

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES, OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING IN OR WITNESSING ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT TEMPLE SOLEL OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES. I am fully aware and understand that Temple Solel does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. In consideration of my child's participation in and the use of the Temple Solel's facilities, I hereby release and covenant not to sue Temple Solel, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Temple Solel. I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY. Parents or guardians must sign if applicant is UNDER 18.

(Continued on next page)

**Publicity Release:** As parent/guardian of my child, I grant permission for Temple Solel to use my child's likeness or photograph in any publication, advertising, display, or other medium in connection with the programs, activities, and event of Temple Solel.

**RSVPs:** I understand that RSVPs will be considered binding for payment.

**Parent/ Guardian Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Youth Scholarship Fund**

The Youth Scholarship Fund allows the youth of Temple Solel to be even more involved in programs locally, throughout the country, and in Israel.

We would like to make a donation to the Youth Scholarship Fund

\$350   
  \$150   
  \$100   
  \$50   
  \$25   
  Other

**Payment Information**

<b>Name as it appears on card:</b>	<b>Amount Due:</b>
<b>Credit Card #:</b>	<b>Exp. Date:</b>
<b>Billing Address:</b>	<b>Security Code:</b>
<b>Phone number:</b>	<b>E-mail Address:</b>
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<b>Check #:</b> <b>Payable to Temple Solel</b>
<b>I agree to have my credit card charged as indicated above.</b> <b>Signature of cardholder:</b>	<b>Date:</b>