

Temple Beth Zion-Beth Israel Youth Groups Permission Form 2017-2018

youth activities sponsored by Temple Beth Zion-Be through June, 2018. I, the undersigned, hereby rerepresentatives from all responsibility in connection to the physician selected by Temple Beth Zion-Be treatment or authorize anesthesia for my child emergency.	ease Temple Beth Zion-Beth Israel and its with the youth activities and give permission of the Israel representative to hospitalize, give
Medical Insurance	Policy/Group #
Allergies or other necessary information	
In case of emergency:	
Parent(s) Name(s)	Phone
If parent can't be reached call	Phone
Relationship of this person to the event participant _	
Signature of Parent(s)	
Temple Beth Zion-Beth Israel US	//Kadima Code of Conduct
 Consumption of alcoholic beverages, other than a blessing, is prohibited. Possession and/or use of illegal drugs is prohiprohibited. Temple Beth Zion-Beth Israel is a non-smoking person participating in a USY/Kadima activity reg. Gambling, except for fundraisers with the prior Israel, is prohibited. Temple Beth Zion-Beth Israel and event chape injury or loss resulting from improper conduct. Vandalism and/or property damage must be paid. Participant may not fail to attend a part of an permission of the USY/Kadima advisor in challeave. Any Code of Conduct violation will result in exphave read these rules and agree that the participant	ibited. Supplying illegal drugs to another is building and smoking is prohibited by any gardless of location. written approval of Temple Beth Zion-Beth erones will not be held responsible for any d for by the person causing such damage. In event or leave early without the express rge. Unauthorized guests will be asked to bulsion from the event. I, the undersigned,
Parent(s)	
Particle and	