



**TEMPLE BETH EMET/BAT YAM  
CHAPTER RETREAT  
PERMISSION SLIP/REGISTRATION FORM (ONE PER CHILD)  
JANURAY 26-28, 2018  
PARENT CONSENT**

**My Son/Daughter \_\_\_\_\_ has my permission to participate in the Temple Beth Emet/Bat Yam Youth department's Chapter Retreat, January 26-28, 2018. In the event of an emergency, medical, surgical or otherwise, and I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of TBE/TBY to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which she/he feels are in the best interest of my child. Further, I accept full responsibility for payment of any such services rendered.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency Contact Name (other than parent): \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy number \_\_\_\_\_

Please list any allergies, medications, or medical problems \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Participant agreement**

I agree to abide by all rules and regulations of the TBE/Bat Yam chapter retreat. I understand that violation of the rules may result in curtailment of activities, and or early departure home.

Youth Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WE WILL BE HAVING A MANDATORY MEETING ON TUESDAY, JANUARY 16 @ 6:00 PM. PARENT(S) MUST ATTEND ALONG WITH THEIR CHILD!!!!!!**