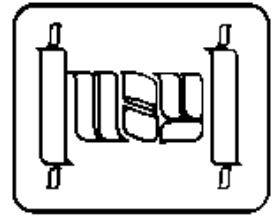




# B'nai Amoona Youth Department Membership Application 2009-10



Be part of the **CHAPTER OF THE YEAR!!!**

Name:		Gender: M/F	Email:
Home Phone:	Cell Phone:	Can we text msg your phone? Y/ N	
Address:		City, State Zip:	
Age as of 9/1/09:	Birth date:		
Grade as of 9/1/09:		Current School:	
Hebrew Name:		Tribe: (circle) Kohen Levi Israel	
T-shirt Size (circle one) Adult - SM M LG XL XXL		Synagogue Affiliation:	

Parent/Guardian:	Parent/Guardian 2:
Phone:	Phone:
Address:	Address:
City, State, Zip:	City, State, Zip:
Cell Phone:	Cell Phone:
Email:	Email:

## DUES STRUCTURE

Group Name	Grade Level	B'nai Amoona Member	Non B'nai Amoona Member
Atid Amoona	5-6	None	\$18.00
Kadima	7	Complimentary (presented to 7 <sup>th</sup> grader at time of Bar/Bat Mitzvah)	\$36.00
Kadima	8	\$18.00	\$36.00
BAUSY	9-12	\$36.00	\$54.00
*BAUSY ALL IN*	9-12	\$275.00	\$300.00

Tired of writing a check each week to BAUSY?

Why not write one check NOW for a whole year's worth of fun, food & friendship!  
(BAUSY ALL IN MEMBERSHIP FEE MUST BE RECEIVED BY October 1, 2009)

BAUSY ALL IN MEMBERSHIP includes the following:

- Chapter, Regional & International USY membership
- Membership in HeChalutzim
- Membership in 613 Mitzvah Corps
- Weekly Wednesday night programs
- Shabbat dinners
- Saturday night programs
- Sleepovers

(OVER)

## EMERGENCY INFORMATION

We will make every effort to contact parents or guardians first.  
If they are unavailable, we will contact the person listed below.

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Doctor's Name:		Doctor's Phone:	
Medical Insurance Company: (Please provide a copy of your insurance card)			
Policy Number:			
Please describe any physical limitations or conditions that the staff should be aware of:			
Please describe any emotional limitations or needs that the staff should be aware of:			
Please list all allergies (especially allergies to food and medicine):			

## DIETARY NEEDS (Please check any that pertain)

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Vegetarian (no meat or poultry)
<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Vegan (no meat, poultry, fish, eggs, or dairy)
<input type="checkbox"/> Will not eat red meat (will eat poultry/fish)	<input type="checkbox"/> Other

My child \_\_\_\_\_ has permission to attend all youth programming with the B'nai Amoona Youth Department. I understand that he/she will be traveling by bus and/or car and will cooperate to the fullest extent with authorities in all manners. I release Congregation B'nai Amoona Youth Program, EMTZA Region and all agents thereof from any liability resulting from this program. I authorize BAUSY/Congregation B'nai Amoona to use still, slide, or video photography of my child for its public relations. In case of medical emergency, I hereby authorize the Youth Director and/or the program leaders to secure proper medical treatment as deemed necessary by a qualified physician in the event I cannot be reached.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date



Return completed form and check made payable to BAUSY to:  
BAUSY c/o Congregation B'nai Amoona, 324 S. Mason Rd., St. Louis, MO 63141

