



H A R הַר שְׁלוֹם S H A L O M

Har Shalom Youth Group Application

11510 Falls Road, Potomac, MD 20854
(301) 299-7087, ext. 236

We have an exciting year planned for our Youth Groups this year. Please fill out the information below. We have made it convenient for you to list your child(ren), their age group, and ONE check payable to Congregation Har Shalom.

Geshet \$20 (grades K-2) Klub Kef \$25 (grades 3-5) Kadima \$40 (grades 6-8) USY \$50 (grades 9-2)

Names:

Child #1 _____ Date of Birth _____ Grade _____

Child #2 _____ Date of Birth _____ Grade _____

Child #3 _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Kid's Email _____ Parent's Email _____

Mother's Name _____ Mother's Phone (cell) _____

Father's Name _____ Father's Phone (cell) _____

Is Family a Member of Har Shalom? Y N (If no, please indicate _____)

To Be Completed by a Parent/Guardian:

Does your child have any allergies or medical conditions that require special medication or attention?

Yes (please list medication/dosage) No

If parents are unable to be reached in an emergency, please contact the following:

Name _____ Relationship _____ Phone _____

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Please provide the following insurance information:

Parent's Name _____ Insurance Company Name _____

Insurance ID # _____ Insurance Co. Address _____

Permission/Release Slip

I give my child(ren) permission to attend and participate in the Har Shalom Youth Department activities. I hereby authorize the supervisory person present to grant approval for treatment in an emergency. Congregation Har Shalom shall not be liable or responsible for any injury or loss suffered by or to any participant in this activity while the participant is attending or engaged in this activity or in transit to or from the activity, whether such injury or loss is caused by the negligence of any agent, employee or any other person acting on behalf of the Congregation Har Shalom.

Parent/Guardian Signature _____ Date _____