



H2I Youth Group

Joint Youth Program of Hillcrest JC, Hollis Hills Bayside JC, and ICCJ

Annual Dues (Oct. thru June)

HJC/HHBJC/ICCJ Members: **\$100**

Non-HJC/HHBJC/ICCJ Members: **\$135**

HJC, HHBJC, and ICCJ members should make checks payable to their synagogue. **Non-Member checks are to be made payable to Hollis Hills Bayside JC.**

USY (Grades 9-12) **Kadima** (Grades 6-8) **Chalutzim** (Grades 4-5) **Nitzanim** (Grades 2-3)

Child's Name		Gender		Grade	
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Date of Birth		School Name	
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Child's E-mail (if applicable)	
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Address		Apt.	
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City		State		Zip Code	
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Home Phone		Child's Cell (if applicable)	
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Parent 1 Name		Cell Phone		Email	
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Parent 2 Name		Cell Phone		Email	
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Receive Text Message Reminders on	<input type="checkbox"/> Child Cell	<input type="checkbox"/> Parent 1 Cell	<input type="checkbox"/> Parent 2 Cell
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How I Heard About H2I (if referred, provide name)	
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Synagogue Membership Information (Please specify if checking "Other")	
<input type="checkbox"/> Hillcrest JC	<input type="checkbox"/> Hollis Hills Bayside JC
<input type="checkbox"/> ICCJ	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-Affiliated	

Medical Information	
Food/Medication Allergies	
Are you currently taking medication? If yes, identify in the space provided.	
Medical Insurance Co.	Policy Number
Emergency Contact Name (Non-Guardian)	Emergency Contact Phone #

I do **NOT** grant permission for my child's image to be used on H2I promotional material/website.

In the event of a medical emergency, it is agreed that if the undersigned cannot be reached by phone, permission is given to H2I Youth Group (Hollis Hills Bayside/Hillcrest/ICCJ Youth Department) to seek medical treatment for my child. I affirm that my child has my permission and is physically able to participate in all activities and trips of the Youth Department. I affirm that my child is Jewish (born of a Jewish mother or conversion) and that the above information is correct to the best of my knowledge. I affirm that my child will abide by the rules and regulations of H2I Youth Group.

Parent's Signature		Date	
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Office Use Only: Paid \$ _____ by Check # _____ on _____ Database Mailing List