



Youth Zone!

CLUB MEMBER REGISTRATION

1. Club Member's Name (Last, First)		Hebrew Name:	DOB	Age	T-shirt Size
School			Grade Entering		
Address			City/State/Zip		
E-mail:					
Mother's Name		Hebrew Name:		Home Phone	
Address (If different than child)				Mobile Phone	
Father's Name				Home Phone	
Address (If different than above)				Mobile Phone	
Additional Emergency Contact Name				Relationship to Child	
Home Address				Home Phone	Work/Mobile Phone
Allergies:				In case of emergency, I hereby authorize JKC to have my child taken care of by a physician in any way the situation may call for.	
Signature:				Parent signature: _____	
				Date: _____	