



Glastonbury Reform Senior Leadership Youth

## **Membership Form**

### **Student Information**

Name	
Date of Birth	
School Grade	
Email Address	
Phone Number	

### **Primary Parent Information**

Name	
Email Address	
Phone Number	

### **Other Parent Information**

Name	
Email Address	
Phone Number	

### **Emergency Contact**

Name	
Relationship to Student	
Phone Number	

## **DUES**

**Kol Haverim Members - \$18/student; Non-Members - \$36/student**

Please make all checks payable to: GRSLY

Dues can be given to Christine Carlson in the Congregation Kol Haverim office

Have questions? Contact **GRSLY.board@kolhaverim.org**



Glastonbury Reform Senior Leadership Youth

### **Emergency Release Form**

I request that my child, \_\_\_\_\_, participate in Congregation Kol Haverim GRSLY/NFTY-NE programs and events for the 2021-2022 school year. I hereby empower the educators, staff, youth group advisor(s) and/or chaperones to act for me in accordance with his/her best judgement in case of an emergency. I understand that the educators, staff, youth group advisor or chaperone in charge will attempt to contact me in the case of an emergency. In the event he or she is unable to contact me, then I hereby authorize the physician selected by the advisor to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above.

I release Congregation Kol Haverim and its staff from all responsibility for injury occurring at any program or event or while traveling to/from any program or event.

Signature of Parent/Guardian: \_\_\_\_\_

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

### **Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Social challenges and techniques to assist my child (Attach separate sheet as needed):

---