

Emergency contact's phone Allergies, asthma, medical issues	
Any medications taken daily	
· · · · · · · · · · · · · · · · · · ·	AND MEDICAL RELEASE STATEMENT
	request and authorize Congregation Beth Tikvah to permit my child to attend
	uth activities in the Synagogue and outside the Synagogue, including
	olved in the event. I accept full responsibility for his/her actions, including the
The state of the s	er substances, while so engage and release Congregation Beth Tikvah
	es, etc., from any liability. In case of emergency, I do give permission to the
	Youth Director, Youth Advisor, or adult in charge of the event, to hospitalize,
I physician selected by the	routh birector, routh havisor, or addit in charge of the event, to hospitalize,
	for and to order injection, anesthesia or surgery for my child
secure proper treatment	for and to order injection, anesthesia or surgery for my child.
secure proper treatment PHOTO/AUDIO/VIDEO/WEB	SITE RELEASE
secure proper treatment PHOTO/AUDIO/VIDEO/WEB  By checking this box, I giv	SITE RELEASE e my permission for photographs, slides, videos or audiotapes to be taken of
secure proper treatment PHOTO/AUDIO/VIDEO/WEB  By checking this box, I giv my child to be used for our	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of ur calendar, website, public relations purposed and the promotion of
secure proper treatment PHOTO/AUDIO/VIDEO/WEB  By checking this box, I giv my child to be used for ou Congregation Beth Tikvah	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of our calendar, website, public relations purposed and the promotion of and the Youth Department. Understand that the above may be used by the
secure proper treatment PHOTO/AUDIO/VIDEO/WEB  By checking this box, I giv my child to be used for ou Congregation Beth Tikvah	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of ur calendar, website, public relations purposed and the promotion of
secure proper treatment PHOTO/AUDIO/VIDEO/WEB  By checking this box, I giv my child to be used for or Congregation Beth Tikvah mass media for newspape	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of our calendar, website, public relations purposed and the promotion of and the Youth Department. Understand that the above may be used by the
By checking this box, I giv my child to be used for or Congregation Beth Tikvah mass media for newspaper I have included a paymen	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of our calendar, website, public relations purposed and the promotion of and the Youth Department. Understand that the above may be used by the er or television without my consent for usage.
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By checking this box, I giv my child to be used for or Congregation Beth Tikvah mass media for newspaper I have included a payment students who have become	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of ur calendar, website, public relations purposed and the promotion of and the Youth Department. Understand that the above may be used by the error television without my consent for usage.  t of \$45 that covers my membership dues for the year for USY (8th grade ne a Bar/Bat Mitzvah this past year are paid for by the synagogue)
By checking this box, I giv my child to be used for or Congregation Beth Tikvah mass media for newspaper I have included a paymen	SITE RELEASE  e my permission for photographs, slides, videos or audiotapes to be taken of ur calendar, website, public relations purposed and the promotion of and the Youth Department. Understand that the above may be used by the er or television without my consent for usage.  t of \$45 that covers my membership dues for the year for USY (8th grade

Return the completed form to Congregation Beth Tikvah Attn: Youth Department 115 Evesboro-Medford Road, Marlton, NJ 08053