

## DAFTY Enrollment Form for Grades 11 and 12\*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_  
Student Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Email \_\_\_\_\_

Emergency Contact Numer \_\_\_\_\_

Please enclose a check for \$45 made out to Temple Emanu-El for DAFTY dues and mail with these forms to Karen Howson at Temple (8500 Hillcrest Rd, Dallas 75225)

\* Religious School students in grades 8-10 are enrolled automatically in DAFTY

### B'rit Kehillah/Code of Conduct

As a DAFTY youth group member, I understand that I act as a representative of Temple Emanu-El, and I agree to adhere to the following rules and regulations of the program. I understand that the Congregation and my chaperones are neither liable nor responsible for my belongings, unforeseen medical emergencies or inappropriate conduct. Non-compliance with this agreement may result in immediately my being sent home from the event at my parent's expense (if applicable) and/or suspension from future youth group events.

- All those participating in any DAFTY youth group event must abide by all local, state and federal laws.
- The drinking and/or possession of alcoholic beverages other than for Kiddush, even if the participant is of legal drinking age, is strictly forbidden.
- The possession and/or use of any illegal drug, including marijuana, and/or the supplying of drugs to any person at the event is strictly prohibited.
- Vandalism, disturbing the peace, or other inappropriate behavior will not be tolerated, and any damage must be paid for by the person(s) who caused it.
- No participant may leave and later return to a youth group program without prior notice by the parent and the consent of the youth group advisors.

Signature of Participant: \_\_\_\_\_

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

Signature of Parent: \_\_\_\_\_

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

**Permission Slip and Emergency Medical Release**

My child, \_\_\_\_\_ has my permission to participate in Temple Emanu-El's DAFTY youth group. In consideration of my child's acceptance as a youth group participant, I hereby waive any and all claims against Temple Emanu-El, its agents and it employees, that may arise out of injury, loss or damage suffered by my child during any youth group activity.

I hereby consent for my child, \_\_\_\_\_ to be transported to and from any youth group program by school bus, coach bus and/or by other parents in the case of carpooling.

I hereby authorize the employees of Temple Emanu-El to act as my agent to consent to and/or arrange for any emergency medical treatment that may be deemed necessary by and licensed doctor, paramedic, or member of a medical staff of a hospital, with respect to any illness or injury suffered by my child, \_\_\_\_\_ during an activity.

This is to certify that my child, \_\_\_\_\_ is in good physical health and can participate in youth group events:

without limitation

with the following limitations/accomodations:  
\_\_\_\_\_

I give permission for my child to take the following over-the-counter medications under the supervision of an adult chaperone from Temple:

acetaminophen

ibuprofen

antihistamine

Signature of Parent: \_\_\_\_\_

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

**Emergency Contact Information**

Person to Contact in Emergency: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Pager No. \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Pager No. \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Pager No. \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_

Certif. No: \_\_\_\_\_

Policy No: \_\_\_\_\_

Insured Person's Name: \_\_\_\_\_