

Please Fax to 410 764 2119

Name _____

Male Female Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Chapter _____

Phone Number _____ Date of Birth _____

School _____

Post Bar Mitzvah only:

- I would like to lead Bircat Hamazon
- I would like an Aliyah Kohen Levi Yisroel
- I can read from the Torah

Email address _____

Housing Request: _____

- I would like to deliver a D'var Torah during the Shabbaton

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Emergency Contact _____ Phone _____

Medications _____

Allergies _____ If so please explain _____

I hereby grant my son/daughter permission to attend this NCSY event. I am familiar with the program, its regulations and the code to which he/she will adhere. I am aware that I will be held responsible for any damage to public or private property that my son/daughter causes and agree to reimburse all parties involved. In case of medical emergency, I understand that every effort will be made to contact parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by NCSY to hospitalize, secure proper treatment for, and administer injections, anesthesia or perform surgery for my child as named above.

_____ Parent's Signature

In registering for this NCSY event, I will, to the best of my ability, adhere to the program, observe the religious code set by the UOJCA Joint Youth Commission, and conduct myself in a proper and dignified manner.

_____ Participant's Signature

Payment Method

check is enclosed in the amount of _____

credit card information:

Credit Card Number _____ Exp. Date _____ Amount _____