

BTYite Name: _____ BTYite Cell #: _____

BTY Shul-In

Friday, May 29 – Saturday, May 30

Parent/Guardian Authorization and Medical Release

My son/daughter has permission to attend the BTY Shul-In and I agree not to hold Temple B'nai Torah, the North American Federation of Temple Youth (NFTY), or the Union for Reform Judaism (URJ) and/or their agents liable for any accident, loss, or theft that may occur during the course of these events. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above. I recognize that I will be responsible for any costs incurred for this treatment.

Special medical information (include allergies and medications): _____

Medical Insurance Carrier: _____ Policy Holder Name: _____ Group/Policy #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

I understand that all my actions are a reflection of not only myself and my family, but also BTY, Temple B'nai Torah, and the Jewish community at large. I will apply great thought and care for both my actions and my interactions from the time I leave home for the event, during the event itself, and until I return home after the event.

I will not drive to, or from the event, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the Youth Advisor.

Participant Signature: _____ Date: _____

We understand that part of the BTY experience involves activities and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the concepts listed above. My child and I both agree that he or she is familiar with these concepts and will obey them. We further understand that sanctions imposed by the BTY Advisor for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

I give permission for my child to be driven by a licensed and insured adult driver during the event.

Parent/Guardian's Signature: _____ Date: _____

Return signed form to: TBT – BTY, 15727 NE 4th Street, Bellevue, WA 98008
Contact **Molly Plotnik**, BTY Youth Advisor at mplotnik@templebnaitorah.org or 425-603-9677