

**Montebello Jewish Center Youth Community
Membership Registration 2010-2011**

34 Montebello Road, Montebello, NY 10901 (845) 357-2430 www.montebellojc.org

Member Information Section

Name _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ Cell (_____) _____
Email _____
Grade, as of September 2010 _____ Synagogue Affiliation _____

Please check all ways you would like to be contacted for events:

Facebook ____ Text ____ Twitter ____ (User Name _____) Phone Message ____

Signature of Youth Community Member

By signing below, I acknowledge that I have read this application and agree to abide by all policies of the MJC Youth Community.

Signature _____ Date _____

Parent Information Section

We, the undersigned parent(s) / Guardian(s) do hereby authorize the Montebello Jewish Center Youth Community and its agents to act as our agents to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable or necessary by a licensed physician. In the event that such help of an emergency nature becomes necessary. In no event will the Montebello Jewish Center Youth Community or its agents be held liable for any first-aid or surgical procedures performed, pursuant to this consent.

Name(s) of Parent(s) or Guardian(s):

1. Print _____ Signature _____

2. Print _____ Signature _____

Cell Phone (_____) _____ Email _____

**Dues: Kadima (Grades 6-8) \$75
USY (Grades 9-12) \$80**

Checks should be made out to Montebello Jewish Center and mailed to 34 Montebello Road, Montebello, NY 10901.

No child will be turned away for financial reasons. If you need financial assistance, please contact us at 845-357-2430, x105.