



# REGISTRATION AND MEMBERSHIP INFORMATION

A COLLECTIVE OF UPPER PIONEER VALLEY JEWISH TEENS

Teen's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent (s) Name (s) \_\_\_\_\_

Address (for mailings) \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Teen Cell Phone \_\_\_\_\_

Teen Email \_\_\_\_\_

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

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

School that teen attends \_\_\_\_\_

Synagogue Membership or Affiliation (if any) \_\_\_\_\_

How did you hear about JTOV?

Is your teen interested in being involved in leadership for JTOV & helping to plan events?  Yes  No

As a parent, are you interested in being involved in planning and organization of JTOV and attending monthly meetings?  Yes  No

**Check all that apply**

	<u>Fee</u>
<input type="checkbox"/> JVCorps– Jewish Volunteer Service Sept-May monthly sessions	Free
<input type="checkbox"/> JYoga– Jewish Yoga for Teens Oct-May monthly sessions	\$36
<input type="checkbox"/> Rosh Hodesh: It's a Girl Thing groups Sept-May monthly sessions	\$36
<input type="checkbox"/> Add me to the mailing list!	Free

**Discounts and Donations**

Donation for Scholarships for JTOV programming \$18

**Total:** \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

\_\_\_\_ I would like to apply for a JTOV scholarship.\* The amount I request is \$ \_\_\_\_\_

*\*All financial aid arrangements are confidential.*

Please check the mode(s) of communication that you and your teen prefer to hear about teen events:

- Phone call       Email       Facebook  
 Mailing       Text message to cell phone: (include number): \_\_\_\_\_

# Registration continued

All information is confidential and will be shared only at the discretion of the Education Director and with teen advisers or clergy as needed.

Is there any relevant information about family structure that would affect mailings, parent contact in the event of an emergency, or teen participation? (2nd address, custody arrangements, recent death in the family):

Are there any medical or special needs that is important for staff to know that could affect teen's participation: (eg. Allergies, food preferences, medication, treatment for eating disorder or chemical dependency, social situation):

I give permission for pictures of my teen to be used for advertising purposes for any JTOV program and for the pictures to be made available to the Harold Grinspoon Foundation Teen Initiative to advertise for their programming.

Parent Signature

I hereby empower the JTOV staff to act for me in their best judgment in case of emergency with my teen. I give my permission to bring my teen to the most convenient medical facility for treatment. In the event of an emergency, please contact

Parent Signature

As the legal guardian of \_\_\_\_\_, I hereby give permission for my teen to attend events hosted by JTOV. I understand that the JTOV staff will act in their best judgment in choosing modes of transportation, food, and location of events. I understand that some events will include transportation and that JTOV cannot assume responsibility for injury or loss of property. I hereby release JTOV and all their agents, from all responsibility, other than providing a supervised scheduled activity and/or transportation. Furthermore, I assume full responsibility for any damage to JTOV or their agents caused by my teen.

Parent Signature

As a teen and member of JTOV, I will act in a responsible and mature manner, understanding that if I do not follow the rules and regulations of JTOV or any other partnering synagogue or event location, I may be asked to leave the program.

Teen Signature

**Please note: JTOV memberships are non-refundable.**

**Please send registration form with a check made out to the JTOV c/o JCA by Sept. 30, 2009 to:**

**JTOV c/o JCA  
742 Main Street  
Amherst MA 01002**

**Contact Rachael Goren, Coordinator of JTOV with any questions at 256-0160 x208 or [JTOVteens@gmail.com](mailto:JTOVteens@gmail.com)**