

**Montebello Jewish Center Youth Community  
Membership Registration 2012-2013**

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 2012 \_\_\_\_\_ 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: Koach (Grades 4-5): \$75      Kadima (Grades 6-8):\$75      USY (Grades 9-12): \$80**

Checks should be made out to Montebello Jewish Center and mailed to:  
Montebello Jewish Center Youth Groups 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.