

Youth Information

Name (Last, First) _____

DOB _____ Age _____ Grade _____

Youth's Contact Information:

Phone Numbers: Home _____ Cell _____

E-mail Address _____

Home Address _____

Parent/Guardian and Emergency Contact Information:

1) Name (Last, First) _____

Phone numbers: Home _____ Cell _____

Work _____ E-mail Address _____

Home Address _____

2) Name (Last, First) _____

Phone Numbers: Home _____ Cell _____

Work _____ E-mail _____

Home Address _____

Medical Information:

_____, my child has the following medical conditions, allergies and
(Child's Name)
takes the following prescription medications Ramat Shalom. Need to be aware of. E.g.: asthma, reaction
to inset bites, benedryl needed

Insurance Company _____ Policy Number _____

Policyholder is employed by: _____

Parent/Guardian signature: _____