

**West End Synagogue  
Kadima (Grades 6-8) Registration Form  
Cost \$46**

Name: \_\_\_\_\_ Grade as of 8/2015 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

T-Shirt Size: S M L XL Do you have Facebook? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

Parent(s) Cell Phone #: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Youth Group Member: \_\_\_\_\_

Other phone: \_\_\_\_\_

**Registrant hereby consents to the use of their photograph, likeness or other depiction on the WES website or in other WES promotional material.**

Parent/Guardian signature: \_\_\_\_\_

Youth Group member signature: \_\_\_\_\_

Are there any allergies (food or other), medications or disabilities which we should be aware of?

\_\_\_\_\_

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Please list at least 2 programs that you would like to see Kadima do this year:

1) \_\_\_\_\_

2) \_\_\_\_\_