

**West End Synagogue
USY (Grades 9-12) Registration Form
Cost \$50**

Name: _____ Grade as of 8/2015 _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: ____ M ____ F Age: _____ Birthday: _____

School: _____ Your 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?

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

1) _____

2) _____