

**SAN FRANCISCO KADIMA**  
**Membership Application 2006/2007 – 5767**

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Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

Parent's Email: \_\_\_\_\_  
\_\_\_\_\_

Kadimanik's Email: \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION**

Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

ALLERGIES (food, drug, insect, or substance) – Please include pet allergies

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Are there any current activity restrictions or medical conditions that we should be aware of?

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**STATEMENT AND EMERGENCY AUTHORIZATION**

I, the parent or legal guardian, of the applicant, state that he/she is in good/normal health, has no physical or mental handicaps that would interfere with full participation in the program, and has my permission to engage in all available activities except as noted under Restrictions or Modifications above.

In case of medical emergency, accident, or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event I cannot be reached, I hereby give permission to the physician selected by the Regional USY/KADIMA Director, or his/her designee, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Enclosed is a check for \$30 for annual Kadima membership