

Bnei Akiva Membership Form – Mas Chaver 5770

PLEASE USE BLOCK CAPITALS

[Bogrim – please complete form with HOME and TERM details]



SURNAME _____

PARENT/S' NAME/S _____

FULL ADDRESS _____

POSTCODE _____

TELEPHONE NO. _____ PARENTS' MOBILE NO. _____

PARENTS' E-MAIL _____

SVIVA (local branch of BA) _____

SYNAGOGUE _____

CHILD 1

NAME _____ DATE OF BIRTH _____

SCHOOL YEAR _____ SCHOOL _____ SHEVET NAME _____

CHILD'S E-MAIL _____

CHILD'S MOBILE NUMBER _____

CHILD 2

NAME _____ DATE OF BIRTH _____

SCHOOL YEAR _____ SCHOOL _____ SHEVET NAME _____

CHILD'S E-MAIL _____

CHILD'S MOBILE NUMBER _____

CHILD 3

NAME _____ DATE OF BIRTH _____

SCHOOL YEAR _____ SCHOOL _____ SHEVET NAME _____

CHILD'S E-MAIL _____

CHILD'S MOBILE NUMBER _____

I WOULD LIKE A BNEI AKIVA CALENDAR – PLEASE ADD £5 TO THE TOTAL BELOW

I WOULD LIKE TO SUPPORT THE KAYTANA PROJECT – PLEASE ADD YOUR DONATION BELOW

I enclose £ _____ payable to Bnei Akiva for Mas Chaver for the year 5770.

School Years 1-5 £32 (£30) / School Years 6-13 £53 (£48) / Bogrim £20 (£15)

Family Rate (two or more people) £89 (£85)

Discounted rate in brackets until 16 October 2009

**This form MUST be returned together with the medical form to:
Mas Chaver, Bnei Akiva, 2 Hallswelle Road, London NW11 0DJ**

FOR OFFICE USE

Date _____

Rcd £ _____

MC No _____

Bnei Akiva reserves the right at its discretion to revoke membership for any reason it sees fit.

Data Protection Act 1998: The information you provide on this form will be used by Bnei Akiva for the administration of its weekly programmes, summer and winter camps, and Israel schemes. By signing this form you acknowledge that this information may include sensitive personal data, and you agree to the processing of this information by Bnei Akiva for administrative purposes.



Bnei Akiva Svivot Medical Form

PLEASE USE BLACK PEN AND WRITE IN BLOCK CAPITALS

Bnei Akiva strives to provide a safe environment for your child. In order to help us keep our records up-to-date, and so that we are aware of any issues that may concern your child, please complete this medical form and return it to the Bnei Akiva London Office as soon as possible. Your child cannot attend any more than THREE local Bnei Akiva activities without having returned the medical form. Medical forms cannot be processed, nor can liability be accepted, unless the attached Mas Chaver form is filled in and paid in full. In the event that the medical questionnaire requires us to take further action, no liability will be accepted unless one's doctor confirms that one can attend sviva.

SECTION 1: EMERGENCY CONTACT DETAILS

NAME _____

DATE OF BIRTH _____ SVIVA _____

EMERGENCY CONTACT'S NAME AND ADDRESS _____

HOME TELEPHONE NO. _____

MOBILE NO. _____

SECTION 2: MEDICAL DETAILS

All information given is confidential and it will be passed only to the appropriate person in charge of your child.

1. Does your child suffer from any medical allergies we should be aware of e.g. plasters, penicillin, food? Please give full details below. Withholding information may endanger the health or well being of your child.

2. Please give full details of any medical, welfare condition or other information that may affect your child at sviva (weekly meeting) on a separate sheet and attach to back of form to be returned to the bayit. E.g. Asthma, Diabetes, Dyslexia, A.D.D. etc. Does your child suffer from any recurring illness or any other significant ill health e.g. asthma, epilepsy? Withholding information may endanger the health or well being of your child.

3. Approximate date of last Tetanus injection: _____

4. Do you feel that your child would need any extra support at sviva? If so, please contact us on 020 8209 1319.

SECTION 3: TERMS AND CONDITIONS REQUIRING PARENT'S SIGNATURE

I hereby declare that to the best of my knowledge, this medical form is accurate and complete in all its details. I understand that Bnei Akiva will not be responsible for any medical condition either physical or emotional, which may result from my failure to disclose relevant information. It is permissible for the designated First Aider to administer Savlon and plasters, etc., for any minor ailments.

I have read and agree to the above conditions.

Signature of parent/guardian (If under 18) _____ Name (please print) _____