TEEN RUACH – Registration and Emergency Data

Name _____ Date of Birth _____

Parent/Guardian _____ Relationship _____

Address _____

Phone# Home_____ Work _____ Cell _____

E-mail _____

Annual membership fee: $600.(Sept-June)

_____ Check enclosed

_____ Please charge $600 to my (circle one) Am Ex VISA MasterCard

#_ _____ Expiration Date:_____ Code _____

Signature:_ _____Phone: _____

Return form to JSDD Wae Center, 270 Pleasant Valley Way, West Orange NJ 07052

Required Emergency Data

Medical conditions (physical or psychological) or concerns that we should know about.

Please note that teenagers requiring personal assistance will need to have their aides remain with them.

_____

Mobility challenges _____ **Seizures** Yes _____ No _____

Allergies _____ **Medication** Yes _____ No _____

Please list medications on separate sheet and attach

Hospital of Choice Name/Address _____

Permission to use Emergency Room Yes ___ No ___

Primary Insurance _____ Policy # _____

Secondary Insurance _____ Policy # _____

Medical Doctor _____Phone # _____

List at least one other person authorized to act in an emergency

Alternate Name _____ relationship _____

Address _____ Phone # _____

Parent/Guardian Signature _____ Date _____