



KADIMA
SPRING CONVENTION APPLICATION 2012
May 18-20, 2012
Holiday Inn
195 Davidson Ave, Somerset, NJ

Place
Picture
Here

PRICE INCLUDES: HOTEL ACCOMMODATIONS * ALL MEALS * USE OF HOTEL FACILITIES *
EDUCATIONAL MATERIALS * A WEEKEND FULL OF PROGRAMS * LOTS OF FUN!!
INSTRUCTIONS:

1. To reserve a space, it is essential that this application form along with a check for \$ 198.00 made payable to N.J. Region- Kadima and be mailed to: Kadima 1090 King Georges Post Rd. Suite 1003, Edison, NJ 08837. The deadline for applications is April 23, 2012, so please be sure that they get it in advance of this deadline.
2. No application will be accepted without all signatures below, a photograph and payment.
3. **THERE IS NO TRANSPORTATION FOR THIS WEEKEND All Transportation arrangements should be made through your chapter.**
4. **THERE ARE NO REFUNDS.**

NAME: _____ SEX: ___M ___F GRADE _____

ADDRESS: _____

PARENTS' HOME PHONE: _____ CHILD'S PHONE NUMBER: _____

PARENT'S CELL PHONE: _____ CHILD'S EMAIL _____

CHAPTER: _____ BIRTHDAY: _____ PARENT'S EMAIL ADDRESS _____

VEGETARIAN ___Y ___N DO YOU EAT CHICKEN? _____Y _____N ARE YOU A VEGAN? ___Y ___N Are you Celiac? ___Y ___N

ARE YOU LACTOSE INTOLERANT? ___Y _____N DO YOU HAVE ALLERGIES? _____Y _____N

IF YES, WHAT FOOD, DRUG, INSECT OR SUBSTANCE: _____

RELIGIOUS INFORMATION _____ COHEN _____ LEVI _____ ISRAEL

I AM INTERESTED IN LEADING RELIGIOUS SERVICES _____ YES _____ NO IF YES, WHICH ONE: _____ PSEUKEI _____ SHACHARIT
 _____ TORAH SERVICE _____ MUSAPH _____ MINCHA _____ MAARIV _____ BIRKAT HA MAZON I CAN READ: _____ TORAH _____ HAFTORAH

ROOMING REQUESTS: LIST NAME AND CHAPTER OF THREE PEOPLE. ALL REQUESTS MUST BE RECIPROCAL. WE WILL DO OUR BEST TO HONOR YOUR REQUESTS BUT CANNOT GUARANTEE THAT YOU WILL ROOM WITH PEOPLE YOU REQUESTED.

Signatures are not needed if you have attended a Shabbaton or encampment this year

By signing below I attest to the fact that this Kadimanik is a member in good standing of the chapter.

 Signature of Advisor/Youth Director

 Signature of Rabbi

ANY QUESTIONS: CALL DASSY MARK AT (732) 738-7960 (DURING REGULAR BUSINESS HOURS)

PLEASE NOTE: All participants must arrive before Shabbat and may not leave until after Shabbat is over.
NO APPLICATIONS WILL BE ACCEPTED BY FAX.

Scholarships are available for the Convention. Contact your synagogue and Dassy for information.

PLEASE READ AND SIGN THIS CODE OF CONDUCT

In connection with any Regional program (including dances), including travel to and from such program:

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user.
3. There will be no possession or consumption of any alcoholic beverages.
4. There will be no shoplifting or any other theft of any kind.
5. If a USYer is caught in possession of/or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. These events include (but are not limited to) the International USY Convention and USY summer programs." The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. All Convention delegates are expected to be in sessions (services, meals, study groups, etc.) No attendees may leave the synagogue except at those times specified by the convention schedule. NO USYer may leave the premises without prior approval of the Regional Director and a parent.
7. All males are expected to bring a tallit and tefillin. All males are required to wear a kippah during all services, meals and study groups. Tallit/tefillin must be worn for morning services where appropriate.
8. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, among other things, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
9. Proper dress is expected of everyone. For Shabbat, males must wear a jacket and tie or sweater, no jeans or sneakers. Females are to wear dresses or skirts, no shorts, culottes or dress pants. All USYers shall wear clothing appropriate to the event/location.
10. All housing/rooming/bunking assignments are final. Changes can only be made by the Regional Director or her designee. All USYers must be in their assigned house at curfew and remain there. Males are not permitted in sleeping rooms of females and females are not allowed in the sleeping rooms of males.
11. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including through the observance of Shabbat and Kashrut), in accordance with applicable standards of the Law and Standards Committee of the Rabbinical Assembly and/or the local Rabbinical Authority.
12. No USYer shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction of property, and destruction of one's own or another person's physical and/or mental integrity. Inappropriate or unwelcome physical contact or language, indecent attire or public nudity, shall not be permitted.
13. The Region reserves the right to search the room and belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and or its participants. USY or Kadima Director, in consultation with the Regional Youth Commission, reserves the right to enforce other rules relating to the integrity of the Regional Youth Program and/or the health, safety or welfare of its participants.

I have read these rules and understand them fully. I certify that I will adhere to this Code and will conduct myself in a manner reflecting credit upon myself, my chapter, congregation and community. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The Regional Director has the sole discretion to send a participant home.

SIGNATURE OF Kadimanik

I _____, the parent/guardian of _____, a minor, who will be participating in USY Regional programs, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the Regional Youth Director has the sole discretion to send my child home.

I have been made aware of the fact that the events in which my child is participating may be photographed by either amateur or professional photographers, that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Hagalil USY or Kadima organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document I consent to the use of the pictures just referred to.

SIGNATURE OF PARENT

DATE

MEDICAL INSURANCE CO. _____ POLICY NUMBER _____
ALL USYers MEMBERS MUST BE COVERED BY HEALTH CARE INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.

EMERGENCY CONTACT PERSON _____ EMERGENCY PHONE # _____
(not a parent)

Current Medication(s) or Medical Treatment _____
Will your child have medication with them for the weekend? Y N
Has your child been diagnosed with ADHD/ADD? Y N If yes, is your child currently on medication? _____
Recent illness, hospitalization, injury or surgery _____
Disability, chronic illness or condition _____
Activity restriction or modification _____

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 a 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 _____

PRINT NAME: _____

DATE: _____

UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
DEPARTMENT OF YOUTH ACTIVITIES
HAGALIL USY/KADIMA REGIONS
1090 KING GEORGES POST ROAD SUITE 1003
EDISON, NJ 08837
732 738 7960 732 738 4304 FAX

CONSENT, AUTHORIZATION AND RELEASE

NAME: _____, ("MINOR") DATE OF BIRTH: _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is given to The United Synagogue of Conservative Judaism, its Mid-Atlantic District, and Department of Youth Activities (collectively "USCJ/USY") headquartered in Edison, NJ in connection with my child's participation in a Regional USY/Kadima Activity ("Scheduled Activity").

PLEASE READ AND INITIAL EACH PARAGRAPH AFTER THE PARAGRAPH NUMBER TO SHOW YOUR CONSENT AND THEN SIGN AND DATE THE BOTTOM OF THIS PAGE.

INITIAL

1. ___ The Minor has my consent to attend and to participate in Scheduled Activity. There are no limitations or restrictions of any kind whatsoever on such participation unless checked here ___ and an explanation is attached.
2. ___ The Minor has been instructed by me, and understands and agrees, to comply with all rules, regulations and Code of Conduct established by USY/KADIMA and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY/KADIMA ("Personnel"). All references to "you" or "your" mean USY/KADIMA and its Personnel.
3. ___ You, acting as my authorized agent and at my sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions. There are no exceptions or limitations to the foregoing, unless checked here ___ and specific written instructions are attached.
4. ___ Unless checked here ___ and I have attached specific written instructions, directions or other specific data to the contrary, you may assume that the Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that may limit participation in the Scheduled Activity.
5. ___ I expressly release and agree to indemnify and hold USCJ/USY, its agents, Board of Directors, employees, representatives, and legal counsel, free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with the acceptance and participation of the Minor in the Scheduled Activity. The foregoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Minor or by my failing to disclose pertinent information to you.
6. ___ I represent to you that I have sole, full and legal power and right to execute this Consent, and acknowledge that you will be relying on my representations and statements, and on the information supplied to me.
7. ___ If this Consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.
8. ___ I give USCJ/USY permission to use any photographic, video or audio representations of my minor that may be taken during the Scheduled Activity, be it in print, in Internet materials, or in other media produced by USCJ/USY for publicity, promotional, or any other purposes without further permission.

I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE; I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND A LICENSED PHYSICIAN AS I DEEMED NECESSARY BEFORE SIGNING THIS DOCUMENT; I HAVE RETAINED A COPY OF THIS DOCUMENT FOR MY RECORDS; AND I HAVE VOLUNTARILY SIGNED THIS CONSENT ON _____, 20_____.

Signature _____ **Relationship to Minor** _____