

# HAGALIL USY – MID WINTER KINNUS APPLICATION

**FEBRUARY 7-9, 2014**

*AT: B'nai Shalom, West Orange*

## INSTRUCTIONS:

1. To reserve a space, it is essential that this application form along with a check for \$89.00 made payable to N.J. Hagalil Region - U.S.Y. be mailed to: U.S.Y., 1090 King Georges Post Rd. Suite 304, Edison, NJ 08837
2. No application will be accepted without all signatures requested below. YOU MUST BE A PAID MEMBER OF USY TO ATTEND.
3. **DEADLINE FOR APPLICATION IS: FRIDAY JANUARY 24, 2014.**
4. There will be no refunds

NAME \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

CHILD'S TELEPHONE \_\_\_\_\_ PARENTS' TELEPHONE \_\_\_\_\_

CHAPTER \_\_\_\_\_ USYER'S E-MAIL ADDRESS \_\_\_\_\_

PARENTS' E-MAIL ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

VEGETARIAN  Y  N ARE YOU LACTOSE INTOLERANT?  Y  N ARE YOU GLUTEN FREE?  Y  N  
WALKING DISTANCE  Y  N ALLERGIES TO ANIMALS?  Y  N IF SO, WHICH ONE(S) \_\_\_\_\_

HOUSING REQUESTS:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**\*\*No more than 3 names will be considered**

RELIGIOUS INFORMATION: COHEN \_\_\_\_\_ LEVI \_\_\_\_\_ ISRAEL \_\_\_\_\_

I AM INTERESTED IN LEADING RELIGIOUS SERVICES: YES \_\_\_\_\_ NO \_\_\_\_\_

WHICH ONE? Shacharit \_\_\_\_\_ Musaph \_\_\_\_\_ Mincha \_\_\_\_\_ Maariv \_\_\_\_\_ Birkat HaMazon \_\_\_\_\_ Torah reading \_\_\_\_\_  
Haftorah \_\_\_\_\_ Kiddush \_\_\_\_\_ Motzei \_\_\_\_\_ Torah service \_\_\_\_\_ Aliyah to the Torah \_\_\_\_\_  
Hagbah \_\_\_\_\_ Gelilah \_\_\_\_\_

**If you have attended a regional event  
this year signatures are not required**

By signing below I attest to the fact that this USYer fulfills the following standards:

- A. Attends at least 50% of Chapter activities
- B. Attends at least 2 religious services per month, at least one Shabbat.  
(ie... Shabbat services, youth group services on Shabbat, services at USY meetings, or at Hebrew high or day school/yeshiva. Attendance at previous regional events would count.)
- C. Is a student of supervised Judaic Studies (Hebrew high school, day school/yeshiva, Perek Yomi, USY home study, private tutoring)

\_\_\_\_\_  
Signature of Advisor/Youth Director

\_\_\_\_\_  
Signature of Rabbi

**Any questions: Call Dassy Mark at (732) 738-7960 during regular business hours.**

- **THIS IS A HOME HOSPITALITY CONVENTION.**
- **NO USYER MAY DRIVE TO THIS EVENT. THERE IS NO BUSING PROVIDED BY THE REGION.**
- **BE ADVISED THAT CONVENTION REGISTRATION WILL BEGIN AT 2:30 P.M. ON FRIDAY FEBRUARY 7<sup>TH</sup>.**
- **ALL PARTICIPANTS NEED TO BE IN THE BUILDING NO LATER THAN 3:00 ON THE 7<sup>TH</sup>.**
- **NO USYER MAY ARRIVE AT CONVENTION AFTER SHABBAT HAS BEGUN NOR MAY THEY LEAVE BEFORE THE CONCLUSION OF SHABBAT.**

OVER.....

**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, or is found to have committed any other criminal offense, including but not limited to shoplifting, he/she will immediately be sent home at his/her parents' expense.
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.
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.
8. Each participant is expected to maintain proper decorum and attitude during the entire program.
9. Proper dress is expected of everyone. For Shabbat, males must wear a jacket and tie or sweater, no jeans or sneakers.
10. All housing/rooming/bunking assignments are final.
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.
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.

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 USYer

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 care givers.

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** \_\_\_\_\_