

# HAGALIL USY – MID WINTER KINNUS APPLICATION

## FEBRUARY 5-7, 2010

AT: TEMPLE BETH SHALOM, LIVINGSTON

### INSTRUCTIONS:

1. To reserve a space, it is essential that this application form along with a check for \$84.00 made payable to N.J. Hagalil Region - U.S.Y. be mailed to: U.S.Y., 1090 King Georges Post Rd. Suite 1003, 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: WEDNESDAY JANUARY 20, 2010. NO APPLICATIONS WILL BE ACCEPTED BY FAX.**
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 CELIAC?  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 \_\_\_\_\_

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, kitot at conventions count)

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

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

**Any questions: Call Michelle Rich 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 5<sup>TH</sup>.**
- **ALL PARTICIPANTS NEED TO BE IN THE BUILDING NO LATER THAN 3:00 ON THE 5<sup>TH</sup>.**
- **NO USYER MAY ARRIVE AT CONVENTION AFTER SHABBAT HAS BEGUN NOR MAY THEY LEAVE BEFORE THE CONCLUSION OF SHABBAT.**

**A CONFIRMATION EMAIL WILL BE SENT TO THE APPLICANT AND THE PARENTS THE WEEK OF JANUARY 25<sup>TH</sup>. NO MAILED CONFIRMATION WILL BE SENT.**

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).
12. No USYer shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction of property.
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: \_\_\_\_\_