

REGISTRATION FORM

Name Chapter

Address

City State Zip

Parents' Phone () USYers Phone (if different) ()

Parent Cell DOB Grade M F

email address Parent email address

I Am A Vegetarian Yes No I am allergic to Cats or Dogs Yes No

I need to be housed within walking distance to the synagogue Yes No

I have read the HAGESHER Youth Code and Policy and I agree to abide by all the rules and regulations pertaining to HAGESHER Region USY Winter Convention. I am aware that if I am found using, possessing, or dealing with illegal drugs or alcohol, or committing any other criminal offense, I will be sent home and suspended from at least the next Regional Convention and all International USY programs, including summer, for one year.

Signature of Applicant

The advisor whose signature appears below attests to the fact that this delegate is a paid member of his/her USY chapter.

Signature of Chapter Advisor, Youth Director, or Rabbi

PLEASE NOTE:

- 1. All signatures must appear on this application.
2. The full fee \$140.00 must be enclosed. There will be a mandatory \$15.00 late fee for applications received after the deadline of January 17, 2011.
3. Each delegate must enclose two self-addressed stamped long business envelopes.

DEADLINE: January 17, 2011, or capacity! We cannot guarantee space or rooming requests for applications received after this date.

Cancellation Policy: As per youth commission policy, there will be no refunds in the event of a cancellation after the deadline.

Mail completed applications to: HAGESHER USY Winter Convention 7605 Old York Road Melrose Park, PA 19027

Questions? Call the Regional Office at 267-763-1300

Medical Questionnaire

Signatures must appear below for all applications

Please list all food allergies on a sheet of paper.

Name _____

Please List All Other Allergies Or Special Dietary Restrictions: Bee Sting Penicillin

Other Drugs _____

General Appraisal Of Your Child's Health _____

Is Your Child Taking Any Medication? Yes No **If Yes, What & Why?** _____

Please Give The Date Of Child's Last Tetanus Immunization _____

_____ has my permission to attend USY Winter Convention. I certify that the above information is correct and that he/she is in proper physical condition to attend the Hagesher Region USY Winter Convention to be held at Beth Judah on February 04-06, 2011. I hereby release United Synagogue of Conservative Judaism and Beth Judah in Ventnor from any liability due to my child's participation. In case of emergency, I hereby give my permission to the physician selected by the Regional USY Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above, if I cannot be reached and such care is deemed necessary. My child has been instructed by me and understands and agrees to comply with the Regional Regulations and the official instructions and directives of all staff members and volunteers.

Parent's Signature

Father's Name (please print)

Mother's Name (please print)

IN CASE OF EMERGENCY, WHOM SHALL WE CONTACT? (OTHER THAN A PARENT)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

YOU MUST LIST THE FOLLOWING INFORMATION:

Health Insurance Carrier _____

Identification # _____

Name Of Group _____ Group # _____

Name And Phone Number Of Primary Care Physician _____

USY Convention is an ideal place to practice your davening skills and try out some new ones. We always welcome new faces on the bimah!

Don't be afraid to give it a try! Even if you want to share it with a friend, let us know!

The Regional Religion Education Vice President or a member of the committee will get in touch with you as soon as possible. Thank you for your interest and support.

Name () _____

Hebrew Name _____ V' _____
Your name Mother's name

I Can Lead!		I Can Lead!	
<input type="checkbox"/>	Kabbalat Shabbat	<input type="checkbox"/>	Weekday Shacharit (Sunday AM)
<input type="checkbox"/>	Shabbat Ma'ariv	<input type="checkbox"/>	Shabbat Kiddush (Friday Night)
<input type="checkbox"/>	P'sukei D'Zimra (intro prayers)	<input type="checkbox"/>	Shabbat Kiddush (Shabbat Lunch)
<input type="checkbox"/>	Shabbat Shacharit	<input type="checkbox"/>	Birkat haMotzi
<input type="checkbox"/>	Torah Service	<input type="checkbox"/>	Birkat haMazon (Full version)
<input type="checkbox"/>	Shabbat Musaf	<input type="checkbox"/>	Hagbah (lifting the Torah)
<input type="checkbox"/>	Shabbat Mincha	<input type="checkbox"/>	Glilah (wrapping the Torah)
<input type="checkbox"/>	Read Torah		
<input type="checkbox"/>	Read Haftorah		
<input type="checkbox"/>	Gabbai		

Housing Information

Your Name _____ Chapter _____

Grade _____ Home Phone () _____

I am allergic to Cats or Dogs Yes No

I need to be housed within walking distance to the synagogue Yes No

Please list two (2) persons with whom you would like to be housed. (Must be the same gender!)

Name _____ Chapter _____

Name _____ Chapter _____

It would be helpful if your housing requests are mutual. Please be aware that we cannot guarantee housing requests. Therefore, please do not pack your belongings together with anyone else!



Name of Participant _____ Region _____

INTERNATIONAL AND REGIONAL CODE OF CONDUCT FOR USYERS, KADIMANIKS AND STAFF

Year after year, the Kadima and USY members have a great time at our Regional activities. Because of our genuine concern and care for each member, and so that all can enjoy these programs to the fullest extent without interference, we have a Code of Conduct at Regional events. These rules are basic, simple and fair, and in the best interest of all participants. It is the responsibility of parents to review these rules and stress their importance to their children as we will expect full compliance. We reserve the right to call parents of individuals whose behavior is inconsistent with the Code of Conduct below to personally pick up their child from the event (with no refund) and/or to exclude their child from future events.

- 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 other theft of any kind.
5. If a USYer/Kadimanik is caught in possession of/or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense.
6. All participants are expected to be in sessions (services, meals, study groups, etc.).
7. All males are expected to bring a tallit and tefillin.
8. Each participant is expected to maintain proper decorum and attitude during the entire program.
9. Proper dress is expected of everyone.
10. All housing/rooming/bunking assignments are final.
11. Each participant is expected to conduct him/herself appropriately as a Conservative Jew.
12. No USYer shall violate any civil or criminal law.
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 and maintain 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/Kadimanik

I _____, the parent/guardian of _____, a minor, who will be participating in USY/Kadima 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 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 for any purpose whatsoever.

SIGNATURE OF PARENT

DATE

ALL USERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.