

**NJ REGION/HAGALIL KADIMA - SHABBATON APPLICATION**  
**November 30 – December 1, 2012**  
**December 1 - 2, 8<sup>th</sup> grade lock - in**  
**Beth El – East Windsor**

**INSTRUCTIONS:**

- To reserve a space, it is essential that this application form along with a check for \$82.00 for the Shabbaton, \$91 including the 8<sup>th</sup> grade lock-in, made payable to N.J. Hagalil Region - KADIMA be mailed to: KADIMA, 1090 King Georges Post Road, Suite 1003, Edison, NJ 08837.
- No application will be accepted without all signatures requested below.
- There will be no refunds.
- THERE IS NO TRANSPORTATION PROVIDED BY THE REGION.
- DEADLINE FOR APPLICATION IS: Monday November 19, 2012**

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

\_\_\_\_\_ I WILL BE ATTENDING THE 8<sup>th</sup> GRADE LOCK-IN (FOR 8<sup>th</sup> GRADERS ONLY!!)

ADDRESS \_\_\_\_\_

CHILD'S TELEPHONE( \_\_\_\_\_ ) STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PARENTS' TELEPHONE ( \_\_\_\_\_ )

CHAPTER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARENT'S E-MAIL \_\_\_\_\_

VEGETARIAN \_\_\_Y\_\_\_N WALKING DISTANCE \_\_\_Y\_\_\_N ALLERGIES TO DOGS OR CATS? \_\_\_Y\_\_\_N  
 LACTOSE INTOLERANT \_\_\_Y\_\_\_N GLUTEN FREE \_\_\_Y\_\_\_N

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

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

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

I AM INTERESTED IN LEADING RELIGIOUS SERVICE: YES \_\_\_\_\_ NO \_\_\_\_\_  
 WHICH ONE? Kabbalat Shabbat \_\_\_\_\_ Shabbat Maariv \_\_\_\_\_ Pesukay D'zimra \_\_\_\_\_ Shacharit \_\_\_\_\_ Musaf  
 Mincha \_\_\_\_\_ Maariv \_\_\_\_\_ Havdalah \_\_\_\_\_ I can read Torah \_\_\_\_\_ Haftarah \_\_\_\_\_

By signing below I attest to the fact that this KADIMA MEMBER is a member in good standing of the chapter:

**If you attended Encampment this year signatures are not required**

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

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

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

- NO APPLICATIONS WILL BE ACCEPTED BY FAX.**
- BE ADVISED THAT CONVENTION WILL BEGIN AT 2:30 P.M. ON FRIDAY NOVEMBER 30th and will end on SATURDAY, December 1<sup>st</sup> AT 10:30 PM. ALL PARTICIPANTS MUST BE IN THE BUILDING NO LATER THAN 2:30 ON THE 30th.**
- KADIMANIKS MAY NOT COME to the SHABBATON OR LEAVE DURING 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/Kadimanik 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. Furthermore, USY International policy states that anyone violating any such rules at a regional event 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. Individuals will also be prohibited from participating in at least the next major regional USY//Kadima program and other events occurring in the interim, and prohibited from chairing events or staffing programs for at least six months. Individuals already in leadership positions would be removed. A major Regional event is a regionally sponsored overnight event, such as a convention, Kinnus or Encampment. The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. We want all teens to be aware that USCJ and USY have a ZERO tolerance policy regarding any activity that can be construed as hazing or harassment, this includes games designed to embarrass or "initiate" USYers such as silent football, and therefore these activities are prohibited at USY events.
7. 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/Kadimanik may leave the premises without prior approval of the Regional Director and a parent.
8. All males are expected to bring a tallit and tefillin, females are encouraged to do so. All males are required to wear a kipah during all services, meals and study groups, females are encouraged to do so. Tallit/tefillin must be worn for morning services where appropriate.
9. 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.
10. 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/Kadimanik shall wear clothing appropriate to the event/location.
11. All housing/rooming/bunking assignments are final. Changes can only be made by the Regional Director or her designee. No attendees may leave the synagogue except at those times specified by the convention schedule. All USYers/Kadimaniks 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.
12. 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.
13. No USYer/Kadimanik 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.
14. Please be advised that USCJ is not responsible for, or liable for any jewelry, money, ipads, iphones or other similar equipment that you may bring to USCJ conventions.
15. 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 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 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 MEMBERS MUST BE COVERED BY HEALTH CARE INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.**

EMERGENCY CONTACT PERSON (not a parent) \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

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