

# REGIONAL KADIMA WEEKEND APPLICATION

MAY 15-17, 2009

AT THE RAMADA INN and CONFERENCE CENTER, EAST HANOVER

*Price includes: hotel \* all meals and snacks \* all meals \* use of hotel facilities \* educational materials \* a weekend full of exciting programs \* all the fun you can stand!!*

## INSTRUCTIONS:

1. To reserve a space, this completed application, along with a check for \$189 payable to NJ Region – Kadima, must be sent to: Teaneck Kadima, Congregation Beth Sholom, 354 Maitland Avenue, Teaneck, NJ 07666.
2. No application will be accepted without full payment and a **photograph**. There are no refunds. Please note that past conventions have closed out, so get your application in early!
3. Applications will **NOT** be accepted by the Kadima office in Edison.
4. There will be NO transportation provided by the region; carpools can be arranged. Registration will begin at 3:30 p.m.
5. Deadline for applications is: **Friday, April 17, 2009**. PLEASE PRINT CLEARLY!!

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT'S TELEPHONE \_\_\_\_\_ CHILD'S TELEPHONE \_\_\_\_\_

PARENT'S CELL PHONE \_\_\_\_\_ BIRTHDAY \_\_\_/\_\_\_/\_\_\_

CHAPTER Teaneck E-MAIL ADDRESS \_\_\_\_\_

VEGETARIAN? \_\_Y\_\_ N WILL EAT CHICKEN? \_\_Y\_\_ N VEGAN? \_\_Y\_\_ N

LACTOSE INTOLERANT \_\_Y\_\_ N ALLERGIES? \_\_Y\_\_ N

IF YES, WHAT FOOD, DRUG, INSECT, OR SUBSTANCE? \_\_\_\_\_

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

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

WHICH ONE? Psukei D'Zimra \_\_ Shacharit \_\_ Torah Service \_\_ Musaf \_\_ Mincha \_\_ Ma'ariv \_\_

Birkat HaMazon \_\_ I can read: Torah \_\_ Haftarah \_\_

**ROOMING REQUESTS: LIST NAME AND CHAPTER OF THREE PEOPLE. ALL REQUESTS MUST BE RECIPROCAL. WE CANNOT GUARANTEE THAT YOU WILL ROOM WITH PEOPLE YOU REQUESTED.**

HOUSING REQUESTS: 1. \_\_\_\_\_  
(Name/Chapter) 2. \_\_\_\_\_  
3. \_\_\_\_\_

By signing below I attest to the fact that this Kadima member 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. Scholarships are available for the convention. Please contact Matthew Halpern at (201) 833-2620 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/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. 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.
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/Kadimanik 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. 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.
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/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.
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. The 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 KADIMA MEMBER

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 for any purpose whatsoever.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

MEDICAL INSURANCE CO. \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**ALL USYERS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.**

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

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

*Please provide details for applicable items pertaining to your child.*

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, 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: \_\_\_\_\_