

QUAD-REGIONAL ENCAMPMENT • EPA, HAGESHER, HANEFESH, TZAFON

AUGUST 20-24, 2008 • CAMP RAMAH IN THE POCONOS

REGISTRATION FORM

Please place a current passport size photo here. A current photo is required to process this application.

CHECK ONLY ONE: USY (9-12th grade of 9/08) Kadima (6-7th grade as of 9/08) 8th Grader (as of 9/08)

Name _____ Chapter _____ Grade as of 9/08 _____ Male Female

USYers Phone _____ Parents' Phone _____

Home Address _____

City _____ State _____ Zip Code _____ Date of Birth: ____/____/____ Age: _____

E-mail Address _____ AIM Screen Name: _____

Parents' Email _____

Region: EPA Hagesher Hanefesh Tzafon Years previously attended Encampment: _____

T-shirt size: (adult sizes only): Small Medium Large X-Large XX-Large

Vegetarian: No Yes If yes, please describe to what extent: _____

Lactose Intolerant: Yes No Any food allergies? No Yes If yes, please explain: _____

This past summer I was on: USY on Wheels USY Israel Pilgrimage Another USY Summer Program _____

I have a sibling attending Encampment Yes (see *Fee Section* for more information about Sibling Discounts)

Emergency Information: Please list an emergency contact person, in the event a parent cannot be reached.

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Health Insurance Carrier _____

ID # _____ Phone Number of Insurance Carrier (____) _____

Address of Company _____

***Please attach a copy of your insurance card including both the front and back sides.** I hereby give permission for my child to participate in the Quad-Regional Encampment and Kamp Kadima, August 20-24, 2008 and release Camp Ramah and the EPA, Hagesher, Hanefesh and Tzafon Regions of the United Synagogue of Conservative Judaism from any liability in case of accident incurred en route to or from and throughout Encampment. I understand that in case of illness or accident my child is covered by my medical insurance. My child is responsible to USY or Kadima for camp property. I further understand that any USYer or Kadimanik involved with alcohol and/or drugs during the Encampment period will be sent home immediately at the parent(s)' expense. In case of medical and/or surgical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above if I cannot be reached and such care is deemed necessary. I certify that all information in this application is up to date and accurate. I accept all the terms and provisions that appear throughout the application.

Parent Name _____ Signature X _____ Date _____

Parent's Phone # for the period of 8/20-8/24 (____) _____

Parent's work #: _____ Cell Phone #: _____ Pager #: _____ Home#: _____

By signing below you would be indicating to us that these students are indeed members of your chapter and to the best of your knowledge are able to adhere to the Code of Conduct. (All participants must be paid members of USY/Kadima for the 2008/2009 year.)

X _____

X _____

Signature of Advisor/Youth Director/Youth Chairman

Signature of Rabbi

THE ABOVE SIGNATURES MUST BE SIGNED FOR THE APPLICATION TO BE PROCESSED.

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. Matches, firecrackers (or similar devices), knives, sharp or dangerous objects, as well as the items mentioned before are not permitted to be brought to camp, nor may they be in the possession or cabin of any Camper.
3. There will be no possession or consumption of ANY alcoholic beverages.
4. There will be no shoplifting or other theft of any kind. No gambling is permitted.
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. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. Individuals will also be prohibited from participating in the next major regional USY program and other events occurring in the interim, and prohibited from chairing events or staffing programs for six months. Individuals already in leadership positions will be removed. A major Regional event is a regionally sponsored overnight event, such as a convention, Kinnus or Encampment. These events will also include (but are not limited to) the International USY Convention and USY summer programs." The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. All participants are expected to be in sessions (services, meals, study groups, etc.). Swimming is permitted only at scheduled times when certified supervision is present. The pool and lake areas are off limits at all other times. Because the campgrounds are very spacious, certain other areas will be announced as off limits for your safety. 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 kipah during all services, meals and study groups. Tallit/tefillin must be worn for morning services where appropriate. Females are encouraged to do the same, if that is their personal practice.
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. Proper dress is expected of everyone. Clothes appropriate for Shabbat for females at Encampment include skirts, dresses, or dress pants. For males appropriate clothing includes khakis, polos, button downs. Please note that you may not wear tank tops, halters, see through blouses or strapless shirts to regional events.
9. All housing/rooming/bunking assignments are final. Changes in bunking can only be made by the Regional Director or her designee. All USYers must be in their assigned bunks 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.
10. 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. 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 and maintain 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.

X _____
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.

X _____
SIGNATURE OF PARENT

DATE

ALL USYER'S/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.

We provide secondary insurance for accidents and illnesses that occur during the Encampment. This means, our insurance carrier will directly settle all charges with your health providers after your primary insurance maximum allowance has been reached in accordance with the schedule in your policy and subject to certain provisions, limitations and exclusions in our policy.

CHUGGIM: MUST BE COMPLETED BY BOTH KADIMA & USY

Please list your top 3 choices, by using a 1, 2 or 3 next to your choices. We will try to accommodate all requests.

Name: _____ Region: _____ Grade: _____

E-mail Address: _____

____ Omanut (Arts & Crafts) ____ Music ____ Theatre Games & Drama ____ Dance
____ Rope Tricks ____ Slide Show ____ Shirim & Z'mirot ____ Sports

Are you a USY Chapter Board Member? yes no If yes, which position? _____

RELIGIOUS INFORMATION – USY & KADIMA

Name _____ Phone # _____ E-mail Address _____

Your Hebrew Name _____ Ben/Bat(Father's Name) _____ V' (Mother's Name) _____

I am a: Kohen Levi Yisrael

I would like to lead the following:

- Kabbalat Shabbat Weekday Shacharit Shabbat Shacharit Weekday Ma'ariv Shabbat Musaf
 Shabbat Ma'ariv Weekday Mincha Kiddush Shabbat Mincha Birkat HaMotzi
 Shabbat Torah Service Birkat HaMazon (full version) Read Torah Hagbah (lifting the Torah)
 Read Haftarah Gililah (wrapping the Torah) Gabbai Aliyah

BUNK REQUESTS:

Name: _____ Grade: _____ Region: _____

Male Female

- Bunking is done by grade and gender. Please make certain to list only friends who are in the same grade as you in Public/Private Day School, and who are the same gender.
- Please be sure that ALL friends you select below also select you on their form.
- Every effort will be made to accommodate your requests.

Request 1: _____ Region: _____

Request 2: _____ Region: _____

Fee Information:

Please include this page when you return your application

Your Encampment registration fee includes round trip coach bus transportation to and from Camp Ramah in the Poconos from designated pick-up points throughout the Region, kosher meals for the duration of the program, use of all camp facilities, and all programming expenses. Final bus schedules will be distributed in our August Encampment mailing.

- Enclosed is my registration for **\$450.00**. Your completed application and payment must be received by July 21st. **Applications received after July 21st, will be accepted on a space available basis only. Applications received after August 4th might not be able to be accommodated.**
- I already paid the \$100 deposit. Enclosed please find my balance of **\$350.00**.
- Sibling Discount Price** – Register your first child at the regular registration price and each additional child at **\$25.00** off the registration price.
- USY Summer Program Discount Price** – If you were on a USY Summer Program this summer, please take **\$25.00** off your registration.

Total Amount Enclosed \$ _____ (including Registration Fee and any discounts which may apply)

Please note:

1. The application and health form, with all signatures, must be completed. Health forms are due no later than August 4th.
2. Each delegate must enclose two self-addressed stamped #10 business envelopes.

Cancellation Policy: There will be a \$100 cancellation fee charged between July 21st and August 4th. All cancellations must be submitted in writing before August 4th. There will be no refunds after this date.

Please make checks payable to Tzafon USY and send them to:

Tzafon USY, 113 New Krumkill Road, Albany, NY 12208

For more information, please call the Regional Office at:
518-438-2052, Epelbaum@uscj.org

For office use only: (Please do not write below this line)

HEALTH HISTORY and PARENT QUESTIONNAIRE

THIS SIDE TO BE FILLED OUT BY PARENT/GUARDIAN AND RETURNED WITH THE APPLICATION.

Name _____ Birth Date _____ Sex ___ Age ___ Grade ___
Last First Initial

Parent or Guardian _____ Home phone (___) _____

Cell phone (___) _____ Business Phone Number (___) _____

If not available in an emergency, notify: Name _____ Relationship _____

Home phone (___) _____ Cell phone/business phone (___) _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER _____

Group # _____ Policy # _____

Please attach a photocopy of the front and back of your medical insurance card and prescription plan card (if applicable) See attached forms.

TO BEST CARE FOR YOUR CHILD, WE NEED YOU TO PROVIDE AS MUCH DETAIL AS POSSIBLE!

HEALTH HISTORY:

ALLERGIES: _____

DRUGS: _____

FOOD: _____ ENVIRONMENTAL: _____

LIST YOUR CHILD'S MEDICATIONS:

(INCLUDE DAILY MEDICATIONS, AS NEEDED MEDICATIONS, HERBAL SUPPLEMENTS AND VITAMINS)

LIST REASON FOR TAKING MEDICATION:

Is your child recovering from addiction, eating disorders or psychological conditions? _____

Operations, hospitalizations, serious injuries or illnesses (specify and give date) _____

Has your child spent a week away from home previously? _____ Has child ever been denied enrollment or sent home early from a camp or weekend? _____ If yes, please explain _____

Describe any circumstance that would result in (a) situation(s) not compatible with group living or any other possibility of problem behavior. _____

Are there any special family situations that we should be aware of?

___ Death ___ Divorce ___ Recent separation ___ Serious illness ___ Other

Please provide details: _____

Please list all doctors (and their specialty) that are currently participating in your child's care: _____

DO NOT SEND NON- ESSENTIAL NON-PRESCRIPTION AS NEEDED MEDICATIONS TO CAMP. THE INFIRMARY HAS OVER THE COUNTER MEDICATIONS AND FIRST AID EQUIPMENT TO CARE FOR YOUR CHILD.

IF THERE ARE ANY CHANGES OR ADJUSTMENTS IN MEDICATION, WE MUST BE NOTIFIED IMMEDIATELY!

AUTHORIZATION AND VERIFICATION (This box must be completed)

The above information and health history is correct and complete to the best of my knowledge. **I acknowledge that failure to disclose any medical information, treatment or medication, could result in my child being removed from the program and sent home from camp at my expense.** I, the parent or legal guardian, of the applicant, state that he/she is in good normal health, has no abnormal physical or mental handicaps and has my permission to engage in all prescribed camp activities except as noted under restrictions or modifications above or on the Physical Examination Form.

I hereby give my permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel and to order X-rays, routine tests or treatments for my child.
3. In case of medical emergency, accident or a serious health problem where immediate treatment is deemed necessary, I give permission to the physician selected by the Regional Youth Director, Regional Kadima Director or the person designated by the Region to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. In such case, every effort will be made to contact the parent or guardian of the applicant.

I am aware that this form may be photocopied for use by medical caregivers.

Signature of parent or legal guardian X _____

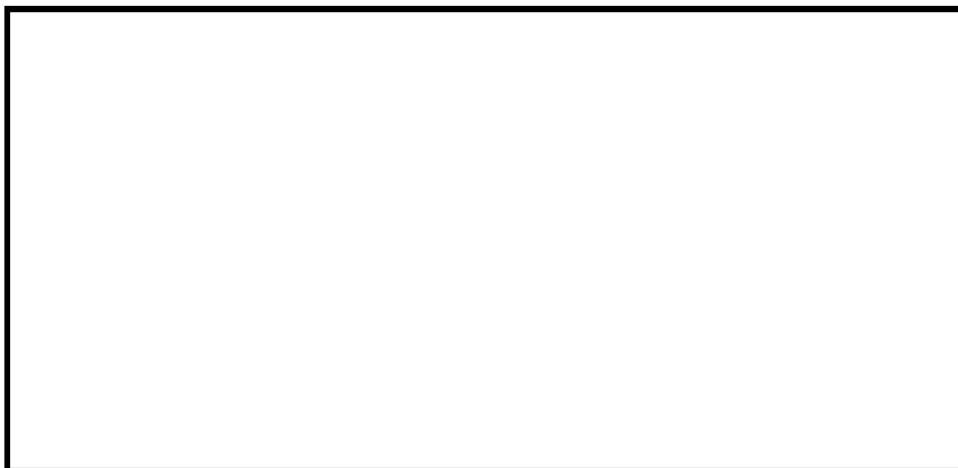
Print Name _____ Date _____

NAME _____

Place a copy of the FRONT of your Medical Insurance Card below:

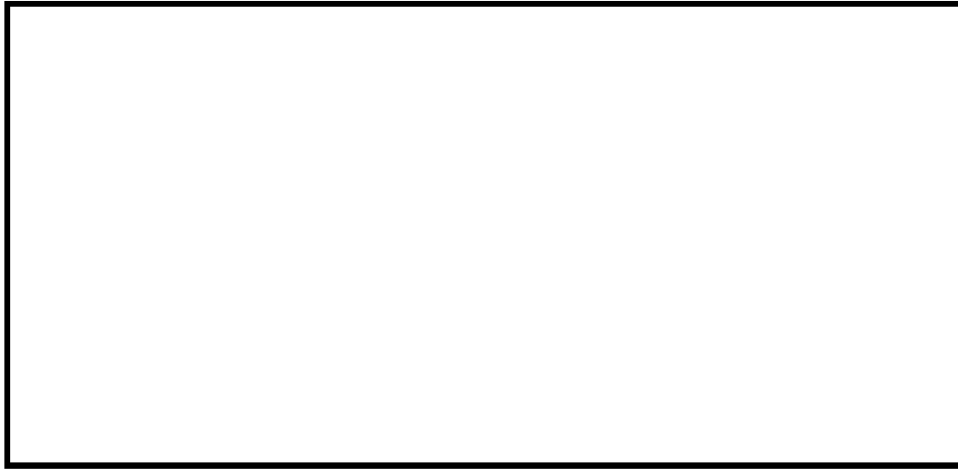


Place a copy of the BACK of your Medical Insurance Card below:



NAME _____

Place a copy of the **FRONT** of your Prescription Card Below:

A large, empty rectangular box with a black border, intended for pasting a copy of the front of a prescription card.

Place a copy of the **BACK** of your Prescription Card Below:

A large, empty rectangular box with a black border, intended for pasting a copy of the back of a prescription card.