

Fall Kallah

November 20-22, 2009, Temple Beth El, Rochester, NY

Cost: **\$175/USYer. \$150 for Regional Board members and Rochester USYers**

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

Application POSTMARK Deadline: November 6, 2009*

Name _____ Chapter _____ Grade _____ Male Female
USYers Phone _____ Parents' Phone _____
Home Address _____
City _____ State _____ Zip Code _____ Date of Birth: ___/___/___ Age: ___
E-mail Address _____ AIM Screen Name: _____
Parents' Email _____ **PAID MEMBER OF USY? YES NO**

Vegetarian: No Yes If yes, please describe to what extent: _____
Lactose Intolerant: Yes No Any food allergies? No Yes If yes, please explain: _____

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 (_____) _____

Do you have any medical conditions or special needs (including allergies)? Yes No

If Yes, please list condition, medication/treatment, and dosage: _____

Health Insurance Carrier _____
ID # _____ Phone Number of Insurance Carrier (_____) _____
Address of Company _____

PLEASE NOTE: Do not omit any information – acceptance to the program is not based on the health history. **All Medical records are private and confidential.**

***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 Tzafon USY Fall Kallah, November 16-18 and release Tzafon Region of United Synagogue of Conservative Judaism from any liability in case of accident incurred en route to or from and throughout the Event. I understand that in case of illness or accident my child is covered by my medical insurance, and that my child is responsible to USY or synagogue property. I further understand that any member involved with alcohol and/or drugs during this event 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 Regional Director of Youth Activity 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 _____ Date _____
Parent's Phone # for the period of 11/16-11/18 _____
Parent's work #: _____ Cell Phone #: _____ Pager #: _____ Home #: _____

HOUSING REQUESTS: Please be sure that ALL friends you select below also select you on their form.

•Every effort will be made to accommodate your requests, although they are not guaranteed.

Request 1: _____ Request 2: _____ Request 3: _____

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 Gilah (wrapping the Torah) Gabbai Aliyah

***Cancellations MUST be received in writing and are subject to a \$75 cancellation fee after November 6, 2009.**

TZAFON USY REGIONAL ACTIVITIES CODE

As a USYer, I promise that I will uphold the standards of USY. I will respect others and myself. I understand that if I fail to abide by the standards set forth here disciplinary action may be instituted. Accordingly, I acknowledge that I have reviewed and that I agree to the following rules of conduct. **Please review and initial each statement.**

1. _____ Under no circumstances will I engage in any illegal conduct, including, but not limited to, acts of battery and assault, shoplifting or the destruction or damaging of the property of an individual or an entity.
2. _____ Under no circumstances will I possess or use tobacco of any kind, illegal non-prescription drugs, or alcohol at any function.
3. _____ I will maintain proper behavior with regard to interpersonal relations, including language and personal attire.
4. _____ I will refrain from engaging in any inappropriate sexual behavior, including but not limited to actions, which may be perceived by reasonable persons to be sexually harassing in nature.
5. _____ I will observe Kashrut and Shabbat in accordance with the practices as defined by the Law and Standards Committee of the Rabbinical Assembly.
6. _____ If I am male, I will wear my kippah at all functions. If I am Bar Mitzvah, I will wear tallit and t'fillin when appropriate. If I am female I understand I may do so if it is my custom.
7. _____ I will attend the event in its entirety unless excused in advance by the Regional Youth Director. I understand that Shabbat (Friday night and Saturday) must be attended in its entirety.
8. _____ I will not enter a room or area designated or assigned for exclusive use by members of the opposite sex.
9. _____ I will assume all responsibility for any damage to property that may be caused by my actions, intentional or not, including costs of repair or replacement of said property.
10. _____ I will use only approved USY transportation to, from, and during any USY event. I understand that no USYer may ride in a car driven by a (USY or non-USY) high school student to, from, and during any Regional event.
11. _____ I will reside only in my assigned housing and I will abide by the curfew.
12. _____ I understand that only USYers registered for the event will be permitted to participate.
13. _____ I will listen to and cooperate respectfully with staff and my host family at all times.
14. _____ I will take part only in activities that are authorized by the Regional Youth Director and supervised by event staff or the Regional Youth Director's appointee.

OFFENSES WHICH WILL RESULT IN MY BEING SENT HOME /REMOVED FROM REGIONAL OFFICE AND /OR BARRED FROM ATTENDING FUTURE REGIONAL/NATIONAL EVENTS

15. _____ I understand that my violating any of the commitments set forth below will result in disciplinary action which WILL include my being sent home at my parents' expense (after Shabbat has ended); my suspension from one or more regional activities including, but not limited to any Tzafon Kadima/USY event, for which I am eligible, leading up to and including the next Tzafon Regional event and/or my immediate removal from any regional executive or extended board position in which I serve. These infractions include:
 - a. engaging in **any** illegal conduct, including, but not limited to, acts of battery and assault, shoplifting, destroying or damaging the property of an individual or an entity.
 - b. possessing or using, illegal non-prescription drugs, or alcohol at any function.
 - c. engaging in any inappropriate sexual behavior, including but not limited to actions which may be perceived by reasonable persons to be sexually harassing in nature.
16. _____ If a USYer is apprehended for an infraction of the International Youth Commission's policy regarding drug and alcohol abuse or any other criminal offense (including, but not limited to shoplifting) punishment for that offense will include suspension from International USY events (including, but not limited to the International USY Convention and USY Summer Programs) for one year following the infraction. The USYer's region reserves the right to impose additional sanctions in connection with this or any other improper behavior, as it sees fit.
17. _____ I understand that 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 regional Youth Director, in consultation with the Regional Youth Commissioner, 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.

DUE PROCESS

18. _____ I understand that upon learning that I may have committed any of the infractions as set forth above, the Regional Youth Director, or his/her designee will discuss such violations with me. I further understand, that for acts of misconduct as set forth in paragraph 15 above, my parents will immediately be informed by telephone, if possible, (unless it is Shabbat, in which case, my parents will be notified immediately thereafter).
19. _____ I further understand that the Regional Youth Director, prior to determining the appropriate disciplinary action to take, will, if feasible, confer with the Regional Youth Commission Chairman as well as an individual from the professional staff of the United Synagogue of Conservative Judaism and/or a lay leader from the Board of Directors of the Empire Region. I also understand that the Regional Youth Director will, in a timely fashion, inform my Chapter Advisor/Youth Director, and provide a letter explaining the code infraction and disciplinary action taken to me, my Rabbi, Advisor/Youth Director, Youth Commission Chairman, and parents.

I have read, and agree to the above CODE OF CONDUCT.

Signature of USY Member

Signature of Parent