



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 kippah 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.
9. Proper dress is expected of everyone. For Shabbat, males must wear a shirt and tie or sweater, no jeans or sneakers. Females are to wear dresses or skirts, no shorts, culottes or dress pants. All USYers/Kadimaniks shall wear clothing appropriate to the event/location. Please note that you may not wear tank tops, halters, see through blouses or strapless shirts to regional events.
10. 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.
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 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.

Name: \_\_\_\_\_ Region: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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**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:**

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Kabbalat Shabbat      | <input type="checkbox"/> Weekday Shacharit             | <input type="checkbox"/> Shabbat Shacharit | <input type="checkbox"/> Weekday Ma'ariv            | <input type="checkbox"/> Shabbat Musaf  |
| <input type="checkbox"/> Shabbat Ma'ariv       | <input type="checkbox"/> Weekday Mincha                | <input type="checkbox"/> Kiddush           | <input type="checkbox"/> Shabbat Mincha             | <input type="checkbox"/> Birkat HaMotzi |
| <input type="checkbox"/> Shabbat Torah Service | <input type="checkbox"/> Birkat HaMazon (full version) | <input type="checkbox"/> Read Torah        | <input type="checkbox"/> Hagbah (lifting the Torah) |   |
| <input type="checkbox"/> Read Haftorah         | <input type="checkbox"/> Gililah (wrapping the Torah)  | <input type="checkbox"/> Gabbai            | <input type="checkbox"/> Aliyah                     |   |
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**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 **\$475.00**. Your completed application and payment must be received by August 3<sup>rd</sup>. **Applications received after August 3<sup>rd</sup>, will be accepted on a space available basis only. Applications received after August 3<sup>rd</sup> might not be able to be accommodated.**

**\*\*  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 or RAMAH Camper Discount Price** – If you were on a USY Summer Program this summer or a camper at Ramah, please take **\$25.00** off your registration.

**EARLY BIRD DISCOUNT** -- I put in my application and Deposit prior to June 30th. Please apply the **\$25** early bird discount.

**\*\* *Only one of these may be applied to any individual camper but may be combined with the Early Bird Discount.***

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 3<sup>rd</sup>.**
- 2. Each delegate must enclose two self-addressed stamped #10 business envelopes.**

**Cancellation Policy: There will be a \$100 cancellation fee charged between July 20<sup>th</sup> and August 3<sup>rd</sup>. All cancellations must be submitted in writing before August 3<sup>rd</sup>. There will be no refunds after this date.**

Please make checks payable to Empire Region USCJ/Tzafon USY and send them to:

**USY Encampment/Kamp Kadima, 113 New Krumkill Road, Albany, NY 12208**

**For more information, please call the Regional Office at:**

**TZAFON: 518-438-2052, Goldmeer@uscj.org**

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

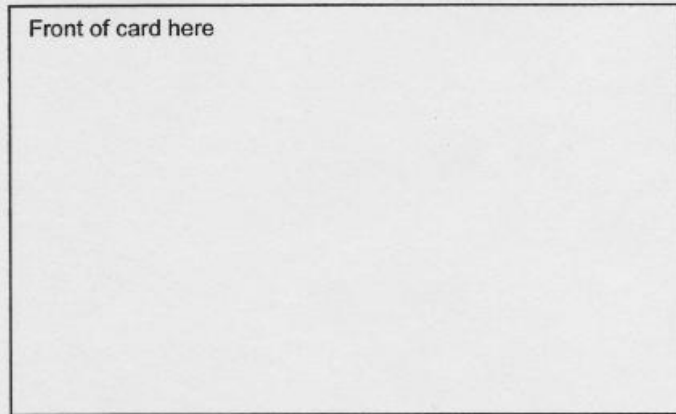
Print Name \_\_\_\_\_ Date \_\_\_\_\_



**NAME:** \_\_\_\_\_

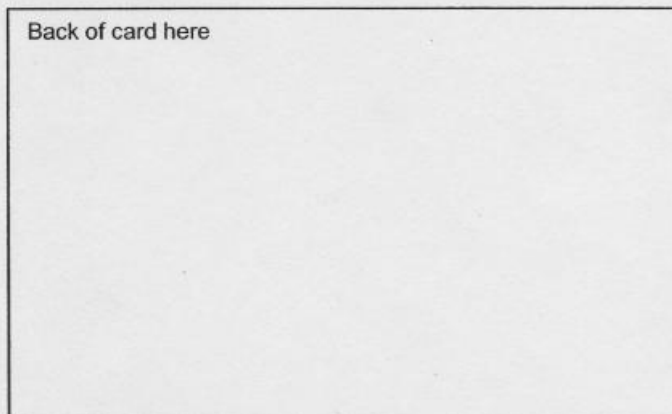
Place a copy of the **FRONT** of your Medical Insurance card Below:

Front of card here



Place a copy of the **BACK** of your Medical Insurance card Below:

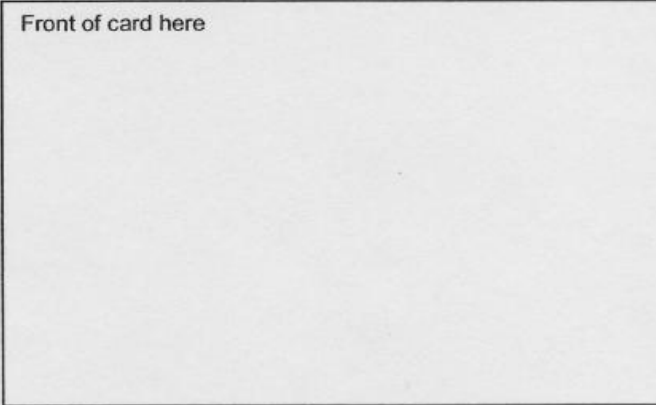
Back of card here



**NAME:** \_\_\_\_\_

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

Front of card here



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

Back of card here

