

# TZAFON KADIMA OVERNIGHT

November 7 – 8, 2009 | Congregation Beth Sholom-Chevra Shas | Syracuse, NY

**Cost: \$ 65.** Applications received after October 25, 2009 cannot be guaranteed and may be subject to a \$15 late fee!

**Faxed applications will not be accepted.**

**PLEASE NOTE:** Transportation (other than from Albany) will be provided by advisors and parent volunteers for this event. Drivers will be reimbursed. Please contact your chapter advisor with any questions re: specific transportation arrangements for your chapter.

**Please complete this form and the Code of Conduct and return them with your payment to:  
Tzafon Kadima; 113 New Krumkill Road; Albany, NY, 12208.**

**Make sure all signatures are properly affixed on the form and  
make your check payable to TZAFON USY. Registration is not complete until we receive full payment.**

PLEASE FILL OUT INFORMATION ON THE RIGHT

Convention Fee \$ \_\_\_\_\_

Tzafon Scholarship Fund Donation \$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_ SCREEN NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ SYNAGOGUE \_\_\_\_\_ **2009-2010 KADIMA MEMBER: Y N**

**Note: You MUST be a member of a chapter to attend the overnight!!**

NAME OF MOTHER/GUARDIAN \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF FATHER/GUARDIAN \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY NAME (NOT PARENT) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ BUSINESS OR CELL PHONE (\_\_\_\_) \_\_\_\_\_

## **All males of must bring kippot. (All females HIGHLY encouraged to do the same...!)**

If you have had your bar/bat Mitzvah by the overnight and own T'fillin – PLEASE bring them!!

ARE YOU A VEGETARIAN? \_\_\_\_\_ A VEGAN? \_\_\_\_\_ SPECIFY ANY FOOD OR OTHER ALLERGIES \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_ ALLERGIES \_\_\_\_\_ ALLERGIES TO MEDICINE \_\_\_\_\_

CURRENT MED & REASON TAKING MED \_\_\_\_\_ CHECK IF SENT \_\_\_\_\_ NAME OF DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

HEALTH INSURANCE CO. AND # \_\_\_\_\_ NAME OF INSURED \_\_\_\_\_

\_\_\_\_ Parents, please check and initial. My child has permission to take for mild discomforts: \_\_ Acetaminophen \_\_ ibuprofen \_\_ Pepto Bismol \_\_ call me first

If your child has any medical problem (s) we should be aware of attach a note to this form. If there is any change prior to the event, please notify the regional office. **Please also include a list of any medications we will need to administer during the overnight.**

**MEDICAL POLICY:** in case of medical and/or surgical emergency, I hereby give permission to the physician selected by the regional director or his or her designee to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT SIGNATURE \_\_\_\_\_ ADVISOR'S SIGNATURE \_\_\_\_\_

# TZAFON KADIMA REGIONAL ACTIVITIES CODE

As a Kadimanik, I promise that I will uphold the standards of Kadima. 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.**

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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 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.
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.
13. \_\_\_\_\_ I will listen to and cooperate respectfully with staff 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 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; 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. 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.
17. \_\_\_\_\_ I understand that the Region reserves the right to search the 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.**

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**Signature of Kadimanik**

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**Signature of Parent**