

CHUSY Regional Kadima Kallah
Open to all Jewish 6th and 7th Grade Students

CHUSY REGION INVITES YOU TO KADIMA KALLAH!

February 19 – February 21, 2010

at the Daniel M. Soref Retreat Center – Fredonia, WI

COST: \$295.00*

PLEASE RETURN THIS APPLICATION TO: CHUSY REGION
601 Skokie Boulevard #402
Northbrook, IL 60062

All applications must be received no later than Wednesday, January 27, 2010. Only complete applications will be considered. A complete application includes: Application (this page), Signed CHUSY Code of Conduct, Signed Consent Form, Religious Participation Form, a photocopy of your health insurance card and payment.

Please make checks payable to CHUSY Region. *There is a 2.5% processing fee for credit card payments.

CANCELLATION POLICY: From 1/29 – 2/4 a **\$100** fee will be retained. From 2/5 – 2/11 a **\$200** fee will be retained. Cancellations after 2/11 – a **\$270** fee will be retained.

PLEASE NOTE: Departure for the Shabbaton will be on Friday morning & the return will be Sunday afternoon.

NAME _____ CHAPTER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ GRADE _____ MALE _____ FEMALE _____ BIRTHDAY _____

PARTICIPANT'S EMAIL _____ PARENT'S EMAIL _____

FATHER'S NAME _____ CELL/WORK PHONE () _____

MOTHER'S NAME _____ CELL/WORK PHONE () _____

NAME OF MIDDLE SCHOOL _____ NAME OF HEBREW SCHOOL _____

HAVE YOU HAD YOUR BAR/BAT MITZVAH ALREADY? _____ YES _____ NO IF NO, WHEN IS IT? _____

HEALTH INSURANCE ~ Please return a photocopy (FRONT & BACK) of your insurance card along with your application.

Name of Company _____ Policy Holder's Name _____

Please list current medication and or any special needs and allergies _____

In case of an emergency notify: _____ Phone Number () _____

ROOMING REQUESTS ~ Please check with the Kadimaniks that you are signing up to room with. Rooming requests must be mutual. Please note that rooms contain 2 double beds and 4 Kadimaniks will be in 1 room.

1. Name _____ Chapter/ Synagogue _____

2. Name _____ Chapter/ Synagogue _____

3. Name _____ Chapter/ Synagogue _____

VEGETARIAN MEAL REQUEST _____ I am a vegetarian and would like vegetarian meals.

_____ I'd like to pay for Kadima Kallah with a Visa/Master Card. (There is a 2.5% processing fee for credit card payments.)

Account Number _____ Expiration Date _____

Name on Card _____

FOR OFFICE USE ONLY: CODE _____ CONSENT _____ INS. _____ CK# _____ AMOUNT _____

Kadima Kallah 2010

CHUSY REGION CODE OF CONDUCT

United Synagogue Youth enjoys one of the most honored and respected reputations of any youth organization. This **Code of Conduct** will help us enjoy and benefit from the numerous programs our Region and youth organization offers.

For purposes of this Code of Conduct, a "USY event" or "activity" shall include all times from when a USYer leaves his or her home, through when the USYer returns to his or her home, including free time and during transportation to and from the event.

1. **Kashrut** will be observed, including during transportation to and from USY events, and during "free time".
2. **Religious Observance.** All USYers and staff shall observe the religious policies established by the United Synagogue of Conservative Judaism, including those pertaining to Shabbat observance; all males must wear *kipot* during all services and meals and *talit/t'filin* for morning services where appropriate. All USYers shall wear clothing appropriate to the event/location.
3. **Possession or use** of any weapons, alcohol, tobacco products and/or illegal drugs is not permitted at a USY event. 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.
4. **Attendance** at all scheduled USY event activities is required, and only those registered for the USY event are permitted to attend. No USYer may leave the premises in which a scheduled event is located without prior approval of the Regional Youth Director, as well as prior permission of the parent/guardian.
5. **Camp/Hotel Hospitality.** Males are not permitted in sleeping rooms occupied by females, and females are not permitted in sleeping rooms occupied by males.
6. **Observance of Civil/Criminal law.** No USYer or staff shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction to 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.
7. **Cooperation with Staff.** Each USYer shall fully cooperate with every staff person, including volunteer staff persons, and shall otherwise adhere to all rules established for the event.

Anyone who violates this Code of Conduct shall be subject to disciplinary consequences, including, but not limited to, being sent home at the expense of the violating USYer or staff member (or his/her parent/guardian), monetary payment for personal and/or property damages and suspension from future USY events. The Regional Youth Director reserves the right to enforce these and any other behavioral rules, and impose additional sanctions with respect to behavior that would otherwise affect the integrity of the USY event and/or the health, safety and welfare of its participants and staff.

In the event a USYer or staff member violates the National Youth Commission policy regarding drug/alcohol abuse or any other criminal offense (including but not limited to shoplifting), punishment for that offense will include suspension from international USY events/activities (including but not limited to International USY Convention and USY Summer Programs) for one year following the infraction.

We have read the **CHUSY Code of Conduct** and agree to its terms.

Printed Name of Participant _____

Signature of Participant _____

Signature of Parent _____

THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM – MIDWEST REGION
DEPARTMENT OF YOUTH ACTIVITIES – CHUSY REGION
601 SKOKIE BOULEVARD, SUITE 402
NORTHBROOK, IL 60062
847. 714.9130 847.714.9133 FAX

CONSENT, AUTHORIZATION AND RELEASE

RE: _____, a minor ("USYer or Kadimanik")

Date of Birth _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the Department of Youth Activities of The United Synagogue of Conservative Judaism, headquartered in Northbrook, IL in connection with CHUSY Regional Activity ("Scheduled Activity").

1. The Minor has my consent to attend and to participate in Scheduled Activity. There are no limitations or restrictions of any kind whatsoever on such participation unless checked here___and an explanation is attached.
2. The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations and Code of Conduct established by USY/KADIMA and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY/KADIMA ("Personnel"). All references to "you" or "your" mean USY/KADIMA and its Personnel.
3. You, acting as my authorized agent and at my sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions. There are no exceptions or limitations to the foregoing, unless checked here___ and specific written instructions are attached.
4. Unless checked here___and I have attached specific written instructions, directions or other specific data to the contrary, you may assume that the Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that may limit participation in the Scheduled Activity.
5. I expressly release and agree to indemnify and hold you free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with the acceptance and participation of the Minor in the Scheduled Activity. The foregoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Minor or by my failing to disclose pertinent information to you.
6. I represent to you that I have sole, full and legal power and right to execute this Consent, and acknowledge that you will be relying on my representations and statements, and on the information supplied to me.
7. If this Consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF ILLINOIS THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE: THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTION: THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT: AND THAT I HAVE VOLUNTARILY SIGNED THIS CONSENT ON _____, 20_____.

Signature of Parent _____

CHUSY REGION - Kadima Kallah 2010

SERVICE PARTICIPATION FORM

Name _____

Chapter/Synagogue _____ School _____

Phone # _____ Grade _____

Your Email Address _____

Please circle accordingly: Cohen Levi Israel

All Kadima *t'filot* (services) are youth lead and we strongly encourage your participation!

Please indicate by circling below if you'd like to lead or learn a particular aspect of services and rituals.

I can lead (put an x) or I'd like to learn (put a √):

_____ Hamotzi

_____ Shabbat Musaf

_____ Birkat Hamazon

_____ Hagbah (Lift Torah)

_____ Gabbai

_____ G'lilah (Bind Torah)

_____ Aliyah

_____ Weekday Shacharit

_____ Kabbalat Shabbat

_____ Weekday Mincha

_____ Shabbat Ma'ariv

_____ Weekday Ma'ariv

_____ Friday Night Kiddush

_____ Shabbat Morning Kiddush

_____ Shabbat Shacharit

_____ Shabbat Mincha

_____ Torah Service

_____ English Reading

_____ Read Torah

_____ Candle Lighting

_____ Chant Haftarah

_____ Havdalah