

CHUSY REGION SPRING KINNUS 2013

APRIL 26 - 28, 2013

Crowne Plaza – Northbrook, IL

COST: \$295*

**The cost has been reduced \$65 per participant this year thru the proceeds received from B'nai Chai USY Fund.*

**After March 20th – cost is \$320 (\$400 for seniors)*

Registration can also be completed on-line at www.chusy.org.

If you register on-line, you do not need to fill out a paper application.

Please complete and return this application and payment to: CHUSY – Kinnus 2013
601 Skokie Boulevard, 402
Northbrook, IL 60062

All Kinnus Applications are due by 3/20/13. Only **complete** applications will be accepted. *A complete application includes: registration form (this page), a signed CHUSY REGION Code of Conduct, a signed Consent Form, Religious Participation Form, photocopy of your medical insurance card and payment. ALL REQUIRED SIGNATURES AND INFORMATION MUST BE PRESENT. Please make checks payable to USY. Regional scholarships are available. Please visit <http://www.chusy.org/parents/scholarship-applications/>.*

Please note: KINNUS will begin Friday afternoon and end late Sunday afternoon. All participants must attend the convention in its entirety.

*For an additional \$80 per person the seniors have an option of participating in a **SENIOR PROGRAM** on **Thursday night, April 25th** that will lead into the Convention on Friday. Please indicate below if you are a senior and are choosing this option. Seniors must attend the entire **SENIOR PROGRAM** if this option is chosen. The **SENIOR PROGRAM** will begin at approximately 7:30PM on 4/25/13.

CANCELLATION POLICY: From March 21 – April 4, a \$150 fee will be retained. From April 5 – April 18, a \$250 fee will be retained. There will be no refunds for any cancellations after April 19th.

NAME _____ CHAPTER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

USYers E-MAIL ADDRESS _____ Please check box if this is a new e-mail address.

PARENT 1/GUARDIAN NAME _____ CELL/WORK PHONE () _____

PARENT 2/GUARDIAN NAME _____ CELL/WORK PHONE () _____

PARENT 1/GUARDIAN E-MAIL _____ PARENT 2/GUARDIAN E-MAIL _____

Did a USYer refer you to this program? If so, let us know who helped promote this program.

REFERRED BY: _____

Food Needs Vegetarian _____ Vegan _____ Lactose Intolerant _____ Gluten Free _____ Other _____

Seniors Only: _____ I wish to participate in the Senior Program. Enclosed is \$375.

HEALTH INSURANCE: *Please return a photocopy (FRONT & BACK) of your medical insurance card w/application.*

Name of Company _____ Policy Holder's Name _____

Policy/Group Number _____

Please list special needs, medical conditions, or allergies _____

Please list current medication the participant is taking _____

Emergency Contact Person (not parent/guardian): _____ Contact Number () _____

ROOMING REQUESTS – Guest rooms will accommodate up to 4 USYers per room with 2 double beds. We will try our best to honor mutual requests.

Name _____ Name _____

Name _____ Name _____

_____ **I'D LIKE TO PAY FOR KINNUS WITH A VISA/MASTER CARD/DISCOVER.**

Account Number _____ Expiration Date _____

Card Holder's Name _____ 3 Digit Security Code _____

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

CHUSY Kinnus 2013

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/Kadima'nik leaves his or her home, through when the USYer/Kadima'nik 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. No USYer shall leave his/her room after curfew.
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 **Code of Conduct** and agree to its terms.

Printed Name of Participant _____ **Chapter** _____

Signature of Participant _____

Signature of Parent _____

CENTRAL DISTRICT, UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
DEPARTMENT OF YOUTH ACTIVITIES
CHUSY, CRUSY, EMTZA and SWUSY USY/KADIMA REGIONS
601 SKOKIE BOULEVARD, SUITE 402
NORTHBROOK, IL 60062
847.714.9130 847.714.9133 FAX

CONSENT, AUTHORIZATION AND RELEASE

NAME: _____, ("MINOR") DATE OF BIRTH: _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is given to The United Synagogue of Conservative Judaism, its Central District, and Department of Youth Activities (collectively "USCJ/USY") headquartered in Northbrook, Illinois, in connection with my child's participation in a Regional USY/Kadima Activity ("Scheduled Activity").

PLEASE READ AND INITIAL EACH PARAGRAPH AFTER THE PARAGRAPH NUMBER TO SHOW YOUR CONSENT AND THEN SIGN AND DATE THE BOTTOM OF THIS PAGE.

INITIAL

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 USCJ/USY, its agents, Board of Directors, employees, representatives, and legal counsel, 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.
8. ___ I give USCJ/USY permission to use any photographic, video or audio representations of my minor that may be taken during the Scheduled Activity, be it in print, in Internet materials, or in other media produced by USCJ/USY for publicity, promotional, or any other purposes without further permission.

I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE; I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND A LICENSED PHYSICIAN AS I DEEMED NECESSARY BEFORE SIGNING THIS DOCUMENT; I HAVE RETAINED A COPY OF THIS DOCUMENT FOR MY RECORDS; AND I HAVE VOLUNTARILY SIGNED THIS CONSENT ON _____, 20_____.

Signature _____ Relationship to Minor _____

CHUSY REGION -KINNUS 2013

SERVICE PARTICIPATION FORM

Name _____ Chapter _____

Phone _____

Email _____

Name of School _____ Grade _____

Religious Information ~

Please circle accordingly: Cohen Levi Israel

I can lead: (Please put an x) I want to learn: (Please put a √)

_____ Hamotzi

_____ Birkat Hamazon

_____ English Reading

_____ Hagbah (Lift Torah)

_____ G'lilah (Bind Torah)

_____ Gabbai

_____ Aliyah

_____ Weekday Shacharit

_____ Weekday Mincha

_____ Weekday Ma'ariv

_____ Friday Night Kiddush

_____ Kabbalat Shabbat

_____ Shabbat Ma'ariv

_____ Shabbat Shacharit

_____ Shabbat Musaf

_____ Torah Service

_____ Read Torah

_____ Chant Haftarah

_____ Shabbat Morning Kiddush

_____ Shabbat Mincha

_____ Havdalah

_____ Candle Lighting