

November 18-20, 2011

Co-Chairs: Goldie Robins, Aaron Kessler, Miriam Walinsky

Becca Richman—Regional President



HAGESHER USY FALL
CONVENTION NOVEMBER 18-
20, 2011 ELKINS PARK, PA

Great Food! Amazing Saturday Night Program! New Friends!!!

Hagesher Region

USY Fall Convention

November 18-20, 2011

Name _____ Chapter _____

Address _____

City _____ State _____ Zip _____

Parents' Phone () _____ USYers Phone (if different) () _____

e-mail address _____ Age _____ Grade _____ M F

Parent email address _____

I Am A Vegetarian Yes No I am allergic to Cats or Dogs Yes No

I need to be housed within walking distance to the synagogue Yes No

I have read the Hagesher Youth Code and Policy and I agree to abide by all the rules and regulations pertaining to Hagesher Region USY Fall Convention. I am aware that if I am found using, possessing, or dealing with illegal drugs or alcohol, or committing any other criminal offense, I will be sent home and suspended from at least the next Regional Convention and all International USY programs, including summer, for one year.

Signature of Applicant

The advisor whose signature appears below attests to the fact that this delegate is a **paid member** of his/her USY chapter.

Signature of Chapter Advisor, Youth Director, or Rabbi (Only necessary if this is the applicants first convention of the year)

PLEASE NOTE:

1. All signatures must appear on this application.
2. **The full fee \$124.00 must be enclosed. There will be a mandatory \$15.00 late fee for applications received after the deadline of November 4, 2011.**
3. Each delegate must enclose **two** self-addressed stamped **long business** envelopes.

DEADLINE: November 4, 2011, or capacity! We cannot guarantee space or rooming requests for applications received after this date.

Cancellation Policy: As per youth commission policy, there will be no refunds in the event of a cancellation after the deadline.

Mail completed applications to:
Hagesher USY Fall Convention
7605 Old York Road
Melrose Park, PA 19027

Questions? Call the Regional Office at 267-763-USCJ (8725)

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Medical Questionnaire

If your child did not attend Encampment, or if any medical information has changed, carefully complete this medical form. Signatures must appear below for all applications

Please list all food allergies on a separate sheet of paper.

Name _____

Please List All Other Allergies Or Special Dietary Restrictions: Bee Sting Penicillin

Other Drugs _____

General Appraisal Of Your Child's Health _____

Is Your Child Taking Any Medication? Yes No **If Yes, What & Why?** _____

Please Give The Date Of Child's Last Tetanus Immunization _____

_____ has my permission to attend USY Fall Convention. I certify that the above information is correct and that he/she is in proper physical condition to attend the Hagesher USY Fall Convention to be held at Old York Road USY- Elkins Park, PA on November 18-20, 2011. I hereby release United Synagogue of Conservative Judaism and OYR from any liability due to my child's participation. In case of emergency, I hereby give my permission to the physician selected by the Regional USY Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above, if I cannot be reached and such care is deemed necessary. My child has been instructed by me and understands and agrees to comply with the Regional Regulations and the official instructions and directives of all staff members and volunteers.

Parent's Signature

Father's Name (please print)

Mother's Name (please print)

IN CASE OF EMERGENCY, WHOM SHALL WE CONTACT? (OTHER THAN A PARENT)

Name _____

Relationship _____

Address _____

City _____

State _____

Zip _____

Home Phone () _____

Business Phone () _____

YOU MUST LIST THE FOLLOWING INFORMATION:

Health Insurance Carrier _____

Identification # _____

Name Of Group _____

Group # _____

Name And Phone Number Of Primary Care Physician _____

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Information Sheet

USY Convention is an ideal place to practice your davening skills and try out some new ones. We always welcome new faces on the bimah! If you are interested in learning how to lead services or would just like more practice, please check off those services you are interested in. The Regional Religion Education Vice President or a member of the committee will get in touch with you as soon as possible. Thank you for your interest and support.

Name _____ Home Phone () _____

Hebrew Name _____ Ben /Bat _____ V' _____
Your name Father's name Mother's name

I am a Cohen Levi Yisrael

| <i>I Can Lead!</i> | | <i>I Can Lead!</i> | |
|--------------------------|------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Kabbalat Shabbat | <input type="checkbox"/> | Weekday Shacharit |
| <input type="checkbox"/> | Shabbat Ma'ariv | <input type="checkbox"/> | Weekday Mincha |
| <input type="checkbox"/> | Shabbat Shacharit | <input type="checkbox"/> | Weekday Ma'ariv |
| <input type="checkbox"/> | Torah Service | <input type="checkbox"/> | Shabbat Morning Kiddush |
| <input type="checkbox"/> | Shabbat Musaf | <input type="checkbox"/> | Birkat haMotzi |
| <input type="checkbox"/> | Shabbat Mincha | <input type="checkbox"/> | Birkat haMazon (Full version) |
| <input type="checkbox"/> | Read Torah | <input type="checkbox"/> | Hagbah (lifting the Torah) |
| <input type="checkbox"/> | Read Haftarah | <input type="checkbox"/> | Glilah (wrapping the Torah) |
| <input type="checkbox"/> | Gabbai | <input type="checkbox"/> | Aliyah |
| <input type="checkbox"/> | Shabbat Friday Night Kiddush | Other: _____ | |

Housing Information

Your Name _____ Chapter _____

Grade _____ Home Phone () _____

I am allergic to Cats or Dogs Yes No

I need to be housed within walking distance of the Synagogue Yes No

Please list two (2) persons with whom you would like to be housed. (Must be the same gender!)

Name _____ Chapter _____

Name _____ Chapter _____

It would be helpful if your housing requests are mutual. Please be aware that we cannot guarantee housing requests. Therefore, please do not pack your belongings together with anyone else!

UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
 DEPARTMENT OF YOUTH ACTIVITIES
 EPA AND HAGESHER REGIONS HAGALIL REGION
 7605 Old York Road 1090 King Georges Post Road Suite 1003
 Melrose Park, PA 19027 Edison, NJ 08837
 267-763-8725 267-763-1306(fax) 732-738-4301 732-738-4304(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