

Far West USY Heschel Shabbaton
February 10-11, 2012
Shomrei Torah Synagogue



FAR WEST HESCHEL SHABBATON

"Mitzvot – Gotta Follow 'em All?"

February 10-11, 2012

Hosted by Shomrei Torah Synagogue
Erinn Bernstein- Director of Informal Education
7353 Valley Circle Blvd West Hills, CA 91304
Phone- (818) 346-0811 FAX- (818) 346-3956

Please return this application and all attachments to your Youth Director no later than Monday, January 23. **Applications are due to Shomrei Torah on Monday, January 30, 2012.** The cost of the Kinnus is \$60.00 + transportation. Checks should be payable to your Chapter and are due with the application. Any application sent without payment, Medical History Form, Consent, Authorization and Release Form, Code of Conduct, or Transportation Form will be returned. Late applications will either be wait-listed or not accepted.

GENERAL INFORMATION

Name _____ Chapter _____
Phone _____ Email _____
Address _____
City, State, Zip _____
Age _____ Grade _____ M F (please circle one)

FOOD PREFERENCES

Vegetarian Yes No If yes, will you eat chicken, eggs, or fish? _____
Other special diet Yes No Please explain, including food allergies _____

HOUSING PREFERENCES

With whom would you like to room? _____
Will this be your first Regional Weekend? Yes No
Will you need to be walking distance from *Shomrei Torah*? Yes No

SERVICE PARTICIPATION

Would you like to lead or participate in services? Yes No If yes, we may be contacting you in the future.

MEDICAL UPDATE

List any allergies _____
List any medications needed during the event _____
All medications must be sent in their original container and include instructions and dosage.

IN CASE OF EMERGENCY:

Mother's Name _____ Phone during Kinnus _____
Father's Name _____ Phone during Kinnus _____
Other Contact _____ Phone during Kinnus _____
Doctor's Name _____ Phone during Kinnus _____
Medical Insurance Company _____ Policy/ID # _____
Medical Insurance Company Address _____

Medical Insurance is required for all participants in USY Regional Activities. A copy of the Medical History, Transportation, and Medical Release Form must be attached to this form.

TO BE COMPLETED BY PARENTS and Youth Director: I have reviewed this application, as well as the Consent, Authorization & Release Form, signed Code of Conduct, and Transportation and Medical Form, all of which are complete and attached. Payment is enclosed.

Parent _____ Date _____
USYer _____ Date _____
Youth Director _____ Date _____

THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
FAR WEST REGION USY/KADIMA
MEDICAL HISTORY

DATE _____

SYNAGOGUE/CHAPTER _____

TO THE PARENTS: The information on this form will be kept strictly confidential with access only to the Regional Staff and Certified Medical Personnel. Each USYer (including Kadimaniks) must file a medical history with the Regional Office every September. **It is the responsibility of the parent to notify the Regional Office of any changes that may occur after the history is submitted.**

USYer / Kadimanik _____ Birth Date _____ Sex _____ E-Mail _____

Parent/Guardian _____ Phone _____

Parent's e-mail address _____

Home Address _____
 Street and Number _____ City, State, Zip _____

Business Address _____ Phone _____
 Street and Number _____ City, State, Zip _____

Emergency Contact _____ Phone _____

RELATIONSHIP TO USYER _____

Health History: Has your child ever had or been diagnosed with:

- | | | | |
|--|-----------|----------|----------------------------|
| ADD/ADHD | Yes _____ | No _____ | |
| Allergies | Yes _____ | No _____ | Specify _____ |
| Asthma | Yes _____ | No _____ | |
| Aspergers/Autism | Yes _____ | No _____ | |
| Birth Defects/Developmental | Yes _____ | No _____ | |
| Cystic Fibrosis | Yes _____ | No _____ | |
| Diabetes | Yes _____ | No _____ | Type I _____ Type II _____ |
| Eating/Weight Disorder | Yes _____ | No _____ | |
| Emotional Disorder | Yes _____ | No _____ | |
| Heart Defect/Disease | Yes _____ | No _____ | |
| Operations or Serious Injuries | Yes _____ | No _____ | |
| Neurological issues(including migraines) | Yes _____ | No _____ | |
| Physical limitations | Yes _____ | No _____ | |
| Seizures | Yes _____ | No _____ | |
| Other | Yes _____ | No _____ | Specify _____ |

Date of last Tetanus Booster: (Td/Tdap) _____

Date of Meningoccal Vaccine: _____

Date of Chickenpox (Varicella) Vaccine or date of disease history _____

Disability or chronic/recurring illness _____

List any Medical Problems or Conditions that we should be aware of: *(include any current medications):* _____

 List any recommendations or restrictions that we should be aware of:

 List any allergies: *(food, drugs, plants, insects, etc.)*

MEDICAL INSURANCE INFORMATION

Name of Medical/Health Insurance Company: _____

Policy Number: _____ Group Number _____

Physician Name: _____ Phone Number _____

THE INFORMATION ON THIS FORM IS ACCURATE, COMPLETE AND ALL-INCLUSIVE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE IMPORTANCE OF KEEPING THIS INFORMATION ACCURATE AND AGREE TO CONTACT THE REGIONAL DIRECTOR PRIOR TO ANY REGIONAL PROGRAM THAT MY CHILD WILL ATTEND IF THERE IS A CHANGE OF ANY KIND WHATSOEVER IN HIS/HER MEDICAL CONDITION.

FAR WEST REGION USY
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
TRANSPORTATION & MEDICAL FORM

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

ATTACH
CURRENT PICTURE
LESS THAN 2
YEARS OLD

TRANSPORTATION CONSENT

I acknowledge and accept USY's policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for _____ ("my USYer/Kadimanik") to ride in a properly insured vehicle driven by a licensed driver over the age of 18. If there is a shortage of licensed drivers over the age of 18, I do ___ do not ___ (place your initials in desired space) give my consent for my USYer to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do ___ do not ___ (place your initials in desired space) give my permission for my USYer, who does have a valid driver's license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

MEDICAL RELEASE

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage appropriate healthcare 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.

RELEASE AND INDEMNIFICATION

I expressly release and indemnify you, 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 acceptance and participation of my USYer in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.

_____/_____
USYer/Kadimanik's Parent/Guardian (Signature) Date USYer/Kadimanik's Parent/Guardian (Signature) Date

RELEASE OF NAME AND/OR IMAGE

I consent and give permission for my son/ daughter _____

Please print

who is a Far West USYer/ Kadimanik to be photographed while participating in USY/ Kadima events and for such photographs to be used in various media publications, formats, including, but not limited to web pages, newspaper articles, publications and/ or newsletters. I/ we also agree to allow such photographs to be captioned with my son/daughter's complete name.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

FAR WEST REGION USY
The United Synagogue of Conservative Judaism
Code of Conduct

1. There will be proper conduct at all times. Treat all people with respect and courtesy. Try to be a positive leader and a good example. Theft or other illegal conduct of any kind, or flagrant violation of this Code of Conduct as determined by the Regional Youth Director shall be sufficient reason to send you home and place you on probation at the Youth Department.
2. NO ONE MAY LEAVE THE PROGRAM at any time unless prior permission is given by the Regional Director or his/her designate, and with written permission of the parent or guardian.
3. Hotel property, buses, and other property that are used/visited during the event are to be respected at all times. All USYers are responsible for damages or charges to their room or other locations.
4. Possession or use of the following is not permitted: weapons, alcoholic beverages, illegal drugs, cigarettes, matches, lighters, and incense. Anyone found in violation of these or any other criminal offense will automatically be sent home and suspended from International USY Programs for a period of one year.
5. Males are not permitted in females' rooms and females are not permitted in males' rooms unless the event has a specifically stated open door policy. If the event has an open door policy, visiting is permitted only during the designated times provided all drapes, window coverings and inside doors are open. Inappropriate sexual conduct (regardless of USYers' gender), as determined by the Regional Youth Director and/or Regional Youth Commissioner, is forbidden at all times and may result in expulsion from the program.
6. Gambling, body piercing and hazing of every kind, are prohibited.
7. The daily schedule is to be followed at all times. You are to attend and be on time to all programs.
8. Prescription medicine must be registered with the Regional Director or his/her designate at the beginning of the program. Medications are to be in their original containers, including proper dosage instructions and administered only to the person it is prescribed for.
9. Males must wear a kippah/appropriate head covering at all times as well as tallit and tefillin when appropriate. Females may do so if they wish.
10. Kashrut is to be observed at all times. If you are not sure if a product is kosher, ask a knowledgeable staff-person. If no staff are present, do not eat it.
11. Shabbat is to be observed. During Shabbat, you are not to purchase anything from shops, restaurants or vending machines. You may not use telephones. Respect your roommates' level of observance. All participants must arrive at events before candle lighting.
12. It is understood that the entire program is under the direction of the Regional Director of the Department of Youth Activities of The United Synagogue of Conservative Judaism or his/her designate.
13. **THOSE WHO ARE NOT REGISTERED FOR THE PROGRAM WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PROGRAMMING. NO VISITORS WILL BE ALLOWED** who were not given prior approval by the Regional Director.

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

USYer/Kadimanik _____

Parent _____

Youth Director _____