



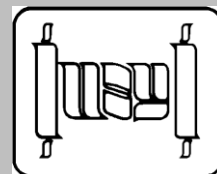
KIRYAH USY FALL KINNUS

November 20th – November 22nd

Beginning 3:30 PM on Friday and Concluding 11 AM on Sunday

Hollis Hills Jewish Center

APPLICATION



Kiryah Divisional Director, Mark Spielvogel 718-938-9529 Email: kiryahusy1@gmail.com

This USY Kinnus is open only to paid members of USY. If you are not a paid member, please contact your synagogue Youth Director

INSTRUCTIONS:

- Applications must be **post marked** by October 30, 2009. Refunds will be issued if cancelled before November 13, 2009. **No refunds will be issued if cancelled on or after November 13, 2009.**
- Please send one copy of this application and a check for \$70 made out to "METNY USY" to USY Kinnus, Hollis Hills Jewish Center, 210-10 Union Turnpike Oakland Gardens, NY 11364. Be sure to include a self addressed stamped envelope with the application.

BASIC INFORMATION:

Name: _____ Email address: _____

Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Grade: _____

Chapter: _____ Gender: ___ M ___ F Are you a vegetarian? ___ Y ___ N

Division _____

Are you allergic to animals? ___ Yes ___ NO What animals? _____

PARENT/GUARDIAN:

Name: _____ Business Phone: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

IN CASE OF EMERGENCY (AND PARENT/S CANNOT BE REACHED) CONTACT:

Name: _____ Relationship to Participant: _____

Phone: _____ Cell/Business Phone: _____

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KIRYAH USY FALL KINNUS, 2009

Housing Requests (Optional) – please write legibly

We will make every attempt to accommodate 1 housing request, however we make no guarantees. Since we have a no co-ed housing policy, please indicate (of the same gender as you) with whom you would like to be housed:

Name _____ Chapter _____

RITUAL INFORMATION:

I would like to LEAD (please check all that apply):

Friday Mincha _____	Shaharit (Shabbat) _____	Musaf (Shabbat) _____	Shaharit (Sun) _____
Kabbalat Shabbat _____	Torah Reading _____	Mincha (Shabbat) _____	Motzi _____
Maariv (Shabbat) _____	Haftarah Reading _____	Maariv (Shabbat) _____	Brkat _____

MEDICAL INFORMATION:

Name of Insurance Carrier: _____

Policy Holder's Name: _____ Policy #: _____

Please list any dietary issues or allergies: _____

Please indicate any medical conditions about which we should be aware: _____

We the undersigned parents/guardians of _____ authorize the Director of Youth Activities of METNY USY or his/her agent, or of the United Synagogue of Conservative Judaism to act as our agents to consent to any medical diagnosis and/or treatment or hospital care deemed necessary. In no event will METNY USY or staff or agents associated thereof, or the United Synagogue of Conservative Judaism, or staff or agents associated thereof be held liable for any first aid or surgical procedures performed pursuant to this consent.

Parent/Guardian **Signature:**  _____ Date: _____

Parent/Guardian Name (please print): _____

ACCEPTANCE MAILING

Once your application has been accepted, you will receive a pre-Kinnus mailing with more information including suggested packing list, directions to the synagogue, and all other details pertaining to the weekend.

Note on Signatures: A Parent/Guardian signature is required above. The next and final page of this application requires both the USYer and Parent/Guardian signature on the METNY Code of Conduct, and your Youth Director's Signature. Applications that do not have all of these signatures will not be accepted.

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KIRYAH USY FALL KINNUS, 2009

METNY REGION - CODE OF CONDUCT

- 1) Kashrut will be observed, including during transportation to and from USY events and during free time.
- 2) All participants shall observe the religious policies established by the USCJ, including those pertaining to Shabbat observance (including arrival prior to Shabbat and travel on Shabbat exclusively to a scheduled synagogue event or services); all males must wear Kippot during services and Tallis/Tefillin in 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.
- 4) Attendance at all scheduled USY event activities is required, and only those registered for the USY event are permitted to attend, unless otherwise approved by the event director. No USYer may leave the premises in which a scheduled event is located without prior approval of the event director as well as prior permission of the parent/guardian. No USYer is permitted to enter or leave the event once Shabbat has begun.
- 5) All rooming assignments are final, and any changes may only be made with the express permission of the event director.
- 6) No participant shall violate any civil or criminal law, including but not limited to, those relating to tampering of or 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, is not permitted.
- 7) Clothing on which any profanity or inappropriate language, pictures, or symbols are written, printed, or depicted is not permitted. No visible underwear is permitted for both males and females. During services, inappropriate short skirts or shorts, or tight garments are not permitted. Shoulders must be covered for both males and females. Tank tops, 2-piece bathing suits (except where midriff is covered), bare midriff styles, halter-tops, leggings or see through blouses are not permitted. Required attire for Shabbat: Males—long pants with a dress shirt and dress shoes. Females—a skirt or dress of appropriate length, blouses with sleeves, dress shoes. Males and Females—no shorts, jeans, or sneakers are to be worn during Shabbat services and meals.
- 8) Participants shall fully cooperate with every staff person, including volunteer staff, and shall otherwise adhere to all rules established for the event.

Anyone who violates this Code 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 event 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 health and welfare of its participants and staff.

In the event a participant 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. The METNY Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.

METNY Region reserves the right to search the room and belongings of any attendee of any USY event or activity 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. Judgments in such situations will be made by the event director in consultation with the Regional Youth Director. METNY reserves the right to enforce other rules relating to the integrity of its programs and/or health, safety, or welfare of its participants.

SIGNATURES (Required)

x

USYer's Signature

x

Parent/Guardian's Signature

YOUTH DIRECTOR SIGNATURE (Required)

Only paid members of USY may participate in this program. Please sign here to indicate that this USYer is fully paid as a member of your chapter and is a paid member of the region, and that you are comfortable with this USYer participating in this program. We also ask you to please contact the USY office at (212) 533-7800 x2155 should you wish to share anything about this applicant that we should know.

x

Rabbi or Youth Director Signature