

NEW JERSEY HAGALIL REGION
KADIMA & USY ENCAMPMENTS

Sponsored by N.J. Youth Commission of the United Synagogue of Conservative Judaism

MONDAY AUGUST 24-31, 2009
at: B'nai B'rith Perlman Camp- Starlight, PA



PARTICIPATE IN A WEEK OF PROGRAMS:

Maccabiah. Great Evening Programs. Swimming. Arts & Crafts and so much more!

Meet other Kadima & USY members from across New Jersey!
Make friends that will last a lifetime.



Cost: \$381

(includes round-trip transportation, insurance, kit materials, meals and all activities)
BUSES WILL LEAVE FROM CENTRAL LOCATIONS THROUGHOUT N.J.

KADIMA CAMP IS OPEN TO 6th - 8th GRADERS AS OF SEPTEMBER 2009
USY CAMP IS OPEN TO 9th -12th GRADERS AS OF SEPTEMBER 2009

DEADLINE FOR APPLICATIONS IS JUNE 25, 2009

Please place a current passport size photo here. A current photo must be attached even if you have done so for a previous convention.

REGIONAL CAMP APPLICATION

INSTRUCTIONS

- To reserve a space, it is essential that this Camp Application Form with a check for \$381 (payable to N.J. Region United Synagogue) be received by June 25nd. Please mail all applications to: Encampment, 1090 King Georges Post Rd., Suite 1003, Edison, NJ 08837.
- The Physical Examination Form (page 1) may be separated from the Camp Application and mailed in separately. It must be completed by a physician and received no later than June 25.
- No camper will be allowed to attend Encampment unless Physical Examination Form and the Health History/Parent Questionnaire are completed and returned to the regional office prior to camp.
- Cancellation Policy: \$50.00 Cancellation Fee will be charged from June 25 through July 16. Thereafter there will be no refunds.
- No application will be accepted without all signatures requested below and this application is subject to the approval of the camp committee.
- For more information please call us at 732-738-7960 or email rich@uscj.org for USY and mark@uscj.org for Kadima.

CHECK ONLY ONE: KADIMA: 6th- 8th graders as of 9/09 USY: 9th-12th graders as of 9/09

Date of birth / / Grade in Public/Private Day School (Not Afternoon Hebrew School) as of 9/09:

Name Male Female

Address City State Zip

Home Phone () Kid's Phone () E-Mail Address

Vegetarian: No Yes If yes, please describe to what extent:

Lactose Intolerant: Yes NO Any food Allergies? No Yes If yes, please explain

Chapter Affiliation: Year previously attended Encampment:

Parents Name: Business/Daytime Phone: ()

Parent's E-mail: Parent's cell phone: ()

T-shirt size: (adult sizes only) SMALL MEDIUM LARGE EXTRA LARGE XXL

BUNK REQUESTS:

- Bunking is done by grade, please list only friends who are in the same grade as you in Public/Private Day School.
- Please be sure that ALL the friends you select below also select you on their form.
- Every effort will be made to accommodate your requests.

Request 1:

Request 2:

Request 3:

Request 4:

ALL THREE SIGNATURES IN AREAS BELOW MUST BE SIGNED FOR THE APPLICATION TO BE PROCESSED.

I certify that all information on this form is accurate and complete. I accept all the terms and provisions that appear throughout the application.

X
Signature of Parent or Guardian

By signing below you would be indicating to us that these students are indeed members of your chapter and to the best of your knowledge are able to adhere to the Regional Code of Conduct. *(All participants must be paid members of USY/Kadima for the 2009/2010 year.)*

X
Signature of Advisor/Youth Chairman

X
Signature of Rabbi

REGIONAL ENCAMPMENT CODE OF CONDUCT

Year after year, the Kadima and USY members have a great time at our Regional activities. Because of our genuine concern and care for each member, and so that all can enjoy these programs to the fullest extent without interference, we have a Code of Conduct at Regional events. These rules are basic, simple and fair, and in the best interest of all participants.

It is the responsibility of parents to review these rules and stress their importance to their children as we will expect full compliance. We reserve the right to call parents of individuals whose behavior is inconsistent with the Code of Conduct below to personally pick up their child from the event (with no refund) and/or to exclude their child from future events.

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user. Matches, firecrackers (or similar devices), knives, sharp or dangerous objects, as well as the items mentioned before are not permitted to be brought to camp, nor may they be in the possession or cabin of any Camper.
3. There will be no possession or consumption of any alcoholic beverages.
4. There will be no shoplifting or other theft of any kind. No gambling is permitted.
5. If a USYer/Kadimanik is caught in possession of/or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. These events include (but are not limited to) the International USY Convention and USY summer programs." The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. All participants are expected to be in sessions (services, meals, study groups, etc.). Swimming is permitted only at scheduled times when certified supervision is present. The pool and lake areas are off limits at all other times. Because the campgrounds are very spacious, certain other areas will be announced as off limits for your safety. NO USYer/Kadimanik may leave the premises without prior approval of the Regional Director and a parent.
7. All males are expected to bring a tallit and tefillin, females are encouraged to do so. All males are required to wear a kipah during all services, meals and study groups, females are encouraged to do so. Tallit/tefillin must be worn for morning services where appropriate.
8. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, among other things, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
9. Proper dress is expected of everyone. For Shabbat, males must wear a shirt and tie or sweater, no jeans or sneakers. Females are to wear dresses or skirts, no shorts, culottes or dress pants. All USYers/Kadimaniks shall wear clothing appropriate to the event/location. Please note that you may not wear tank tops, halters, see through blouses or strapless shirts to regional events.
10. All housing/rooming/bunking assignments are final. Changes in bunking can only be made by the Regional Director or her designee. All USYers must be in their assigned bunks at curfew and remain there. Males are not permitted in sleeping rooms of females and females are not allowed in the sleeping rooms of males.
11. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including through the observance of Shabbat and Kashrut), in accordance with applicable standards of the Law and Standards Committee of the Rabbinical Assembly and/or the local Rabbinical Authority.
12. No USYer shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction of 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.
13. 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 and maintain the health, safety and/or welfare of the program and/or its participants. The USY or Kadima Director, in consultation with the Regional Youth Commission, reserves the right to enforce other rules relating to the integrity of the Regional Youth Program and/or the health, safety or welfare of its participants.

I have read these rules and understand them fully. I certify that I will adhere to this Code and will conduct myself in a manner reflecting credit upon myself, my chapter, congregation and community. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The Regional Director has the sole discretion to send a participant home.

SIGNATURE OF USYer/Kadimanik

I _____, the parent/guardian of _____, a minor, who will be participating in USY/Kadima Regional programs, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the Regional Youth Director has the sole discretion to send my child home.

I have been made aware of the fact that the events in which my child is participating may be photographed by either amateur or professional photographers, that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Hagail USY or Kadima organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document I consent to the use of the pictures just referred to.

SIGNATURE OF PARENT

DATE

ALL USERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.
We provide secondary insurance for accidents and illnesses that occur during the Encampment. This means, our insurance carrier will directly settle all charges with health providers after your primary insurance maximum allowance has been reached in accordance with the schedule in your policy and subject to certain provisions, limitations and exclusions in our policy.

**KITOT/STUDY GROUPS:
MUST BE COMPLETED BY BOTH KADIMA & USY**

To better divide our study groups for camp, please indicate below your highest level of Jewish education by checking the appropriate range.

- 1-3 years of Hebrew School 4-5 years of Hebrew School
 1-2 years of Hebrew High School 3 or more years of Hebrew High School
 Hebrew Day School or Yeshiva (through 7th grade or above)

6th-8th graders only!!

KADIMA WORKSHOPS WILL BE PRE- ASSIGNED BEFORE WE ARRIVE AT CAMP- PLEASE BE SURE TO SIGN UP BELOW!

KADIMA WORKSHOPS

NAME: _____

Please place a #1 next to your first choice and a #2 next to your second choice.

Arts and Crafts Newspaper Dramatics Sports

FOR EVERYONE!!

RELIGIOUS INFORMATION- USY & KADIMA

NAME: _____ PHONE #: _____

I am a: Kohen Levi Yisrael

I can lead the following segments of Tefillot (Services): Shacharit Mincha Maariv
 Musaf Kiddush Torah Reading Torah Service Hagbah Gellilah
 Gabai Haftorah Birkat HaMazon

DON'T FORGET!!!

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD AND PRESCRIPTION PLAN CARD (IF APPLICABLE).

HEALTH HISTORY and PARENT QUESTIONNAIRE

THIS SIDE TO BE FILLED OUT BY PARENT/GUARDIAN AND RETURNED WITH THE APPLICATION.

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD AND PRESCRIPTION PLAN CARD (IF APPLICABLE).

Name _____ Birth Date _____ Sex ____ Age ____ Grade ____
Last First Initial
Parent or Guardian _____ Home phone (____) _____
Cell phone (____) _____ Business Phone Number (____) _____
If not available in an emergency, notify: Name _____ Relationship _____
Home phone (____) _____ Cell phone/business phone (____) _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER _____
Group # _____ Policy # _____

TO BEST CARE FOR YOUR CHILD, WE NEED YOU TO PROVIDE AS MUCH DETAIL AS POSSIBLE!

HEALTH HISTORY:

ALLERGIES:

DRUGS: _____

FOOD: _____

ENVIRONMENTAL: _____

LIST YOUR CHILD'S MEDICATIONS:
(INCLUDE DAILY MEDICATIONS, AS NEEDED MEDICATIONS,
HERBAL SUPPLEMENTS AND VITAMINS)

LIST REASON FOR TAKING MEDICATION:

Is your child recovering from addiction, eating disorders or psychological issues? _____
Operations, hospitalizations, serious injuries or illnesses (specify and give date) _____
Has your child spent a week away from home previously? _____ Has child ever been denied enrollment or sent home early from a camp or weekend? ____ If
yes, please explain _____
Describe any circumstance that would result in (a) situation(s) not compatible with group living or any other possibility of problem behavior _____

Are there any special family situations that we should be aware of?
____ Death ____ Divorce ____ Recent separation ____ Serious illness ____ Other
Please provide details: _____

Please list all doctors (and their specialty) that are currently participating in your child's care:

DO NOT SEND NON- ESSENTIAL NON-PRESCRIPTION AS NEEDED MEDICATIONS TO CAMP. THE INFIRMARY HAS OVER THE COUNTER MEDICATIONS AND FIRST AID EQUIPMENT TO CARE FOR YOUR CHILD.

IF THERE ARE ANY CHANGES OR ADJUSTMENTS IN MEDICATION, WE MUST BE NOTIFIED IMMEDIATELY!

AUTHORIZATION AND VERIFICATION (This box must be completed)

The above information and health history is correct and complete to the best of my knowledge. **I acknowledge that failure to disclose any medical information, treatment or medication, could result in my child being removed from the program and sent home from camp at my expense.** I, the parent or legal guardian, of the applicant, state that he/she is in good normal health, has no abnormal physical or mental handicaps and has my permission to engage in all prescribed camp activities except as noted under restrictions or modifications above or on the Physical Examination Form. I hereby give my permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel and to order X-rays, routine tests or treatments for my child.
3. In case of medical emergency, accident or a serious health problem where immediate treatment is deemed necessary, I give permission to the physician selected by the Regional Youth Director, Regional Kadima Director or the person designated by the Region to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. In such case, every effort will be made to contact the parent or guardian of the applicant.

I am aware that this form may be photocopied for use by medical caregivers.

Signature of parent or legal guardian _____

Print Name _____ **Date** _____

