

HaNegev Region - International Pre Convention
North Suburban Synagogue – Beth El(BEANS) ♦ 1175 Sheridan Road Highland Park,IL
December 24-27, 2009

Please print clearly:

Name: _____ **Chapter:** _____

Grade: (as of Sept. 09) _____ **Gender** _____ **USYers Cell Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-mail _____ **Home Phone**(____) _____

Mother's Name & Cell Phone: _____

Father's Name & Cell Phone: _____

List 3 USYers who you would like to room with, in order of preference:

1. Name _____ **Chapter** _____

2. Name _____ **Chapter** _____

3. Name _____ **Chapter** _____

Every effort will be made to honor your mutual requests. Requests will only be considered if forms are received on time. In addition, please understand that no rooming changes will be made before or during any part of the convention.

Check one:

Yes **No** **Vegetarian - If yes, will you eat chicken** **eggs** **fish**

Yes **No** **Any allergies or restrictions? If yes, please specify** _____

Please list any medications being taken:

Name of medication _____ Dosage and time of day to be taken _____

Name of medication _____ Dosage and time of day to be taken _____

Name of medication _____ Dosage and time of day to be taken _____

Yes **No** **Require walking distance?**

I am interested in leading: (check all that apply):

- | | | | | |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> Kiddush | <input type="checkbox"/> Weekday Shacharit | <input type="checkbox"/> Maariv Shabbat | <input type="checkbox"/> Sat. Shacharit | <input type="checkbox"/> Haftorah |
| <input type="checkbox"/> Birkat HaMazon | <input type="checkbox"/> Weekday Mincha | <input type="checkbox"/> Torah Reading | <input type="checkbox"/> Kabbalat Shabbat | <input type="checkbox"/> Musaf/Torah |
| <input type="checkbox"/> Hamotzi | <input type="checkbox"/> Weekday Maariv | <input type="checkbox"/> Shabbat Mincha | <input type="checkbox"/> Sat. Maariv | <input type="checkbox"/> Aliyah |

SIGNATURES

We have read the attached rules and the applicant agrees to abide by the rules of convention. We understand that any infraction of the rules could result in the applicant being sent home from the convention at the applicant's expense.

Signature of Applicant _____ **Date** _____

Signature of Parent _____ **Date** _____

Signature of Youth Director _____ **Date** _____

Applications must be returned COMPLETE and with
International Convention Application

CODE OF CONDUCT

In Connection with the HaNegev Region or any of the affiliated sub regions (Arvot, Mercaz Ein Gedi):

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.
3. There will be no consumption of any alcoholic beverages.
4. There will be no shoplifting or theft of any kind.
5. If a USYer is caught in possession of/or using alcohol or illegal drugs or is caught shoplifting and/or involved in theft of any kind, he/she will immediately be sent home at his/her parents' expense. Furthermore USY International policy states, "if a USYer is apprehended for an infraction of the national youth commission's policy regarding drug and alcohol abuse or any other criminal offense (including, but not limited to, shoplifting) punishment for that offense will include suspension from international USY events (including, but not limited to, the International USY convention and USY summer programs) for one year following the infraction." Individuals will also be prohibited from participating in the next major sub/ regional USY program and other events occurring in the interim, and prohibited from chairing events or staffing programs for six months. Individuals already in leadership positions would be removed. A major Regional event is a regionally sponsored overnight event, such as a convention, Kinas, or Encampment. The USYer's region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, but not limited to, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No participant may leave the program without the express permission of the director of USY.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including observance of Shabbat and Kashrut), in accordance with the applicable standards of the Committee on Jewish Laws and Standards of the Conservative Movement and/or the local rabbinic authority.
9. 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. The USY Director, in consultation with the regional youth commission, reserves the right to enforce other rules relating to the integrity of the program and/or the safety, health or welfare of its participants.

By my signature, I certify that I will adhere to the program, observe the convention code (which I have read), and will conduct myself in a manner reflecting credit upon my chapter 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: _____

I _____, the parent/ guardian of _____, a minor, who will be participating in the regional programs of (HaNegev) USY, 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, which the photographs taken may be used both for purposes of reporting on the event or for such other use as the (Region) USY 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 for any purpose whatsoever.

The minor has my consent to attend and to participate in the scheduled activity. There are no limitations or restrictions of any kind whatsoever on such participation unless this box is checked with explanation attached to this page. You 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 circumstance, if you are not able to timely contact me for instructions, acting as my authorized agent and at my sole cost and expense. There are no exceptions or limitations, or other special instructions, in connection with the foregoing, unless this box is checked with explanation attached to this page. Unless this box is checked and I have provided you with specific instructions, directions or other specific data to the contrary, as indicated on this application, you may assume that the minor has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the scheduled activity. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Applicant _____

PRINT NAME _____ DATE _____

Signature of Parent/Legal Guardian: _____

PRINT NAME: _____ DATE: _____

CONSENT, AUTHORIZATION, AND RELEASE

RE: _____ (**"MINOR"**) **CHAPTER:** _____

Date of Birth: _____

THIS CONSENT, AUTHORIZATION, AND RELEASE ("Consent") is provided to UNITED SYNAGOGUE YOUTH, SE REGION, a department of the United Synagogue of Conservative Judaism, with regional headquarters in Boca Raton FL ("USY") in connection with USY Post Convention, to be held at North Suburban Synagogue, Highland Park, IL, December 24-27, 2009. ("Scheduled Activity").

- 1. The minor has my consent to attend and to participate in the Scheduled Activity. There are no limitations or restriction of any kind whatsoever on such participation unless this box, _____ is checked with explanation attached to this form.**
- 2. The Minor has been instructed by me, and understands and agrees, to comply with all rules, regulation, and Codes of Conduct established by USY and the official instructions and directives of all authorized staff members, volunteers, agents, and employees ("Personnel") of USY.**
- 3. You are expressly authorized 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, acting as my authorized agent and at my sole cost and expense. There are no exceptions or limitations, or other special instructions, in connection with the foregoing, unless this box _____ is checked, with explanation attached to this form.**
- 4. Unless this box _____ is checked and I have provided you with specific instructions, directions or other specific data to the contrary, on an attached page, you assume that the Minor has no medial disabilities, allergies or other limitations or any kind whatsoever that might in any way limit participation in the Scheduled Activity.**
- 5. I expressly release and agree to indemnify and hold USY (and its Personnel) 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 without reservation of any kind except only for such acts or omissions on your part that arise out of your intentional or negligent wrongdoing and without fault of any kind on the part of the Minor or on my part in failing to disclose pertinent information to you.**
- 6. I represent to you that I have the sole, full and legal power and right to execute this Consent, and that you will rely on my representations.**
- 7. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.**

I DECLARE UNDER THE PENALTY OF PERJURY THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND THE EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION, AND RELEASE: THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTION; AND THAT I SIGNED THIS CONSENT ON _____, 20__.

Signed _____ *

Signed _____ *

***Relationship to Minor**

Insurance Company Name _____ **Policy Number** _____

Address _____ **Phone** _____