

Kinnus Gadol

May 28- 31, 2009, Camp Seneca Lake, Penn Yan, NY

NOTE: Programming at Camp Seneca Lake begins at 2:00 PM, All students will be transported by Bus to arrive by that time.

Cost: \$275

Payable to Tzafon USY, 113 New Krumkill Road, Albany, NY 12208

Application Deadline: **MAY 4, 2009**

Name _____ Chapter _____ Grade _____ Male Female

USYers Phone _____ Parents' Phone _____

Home Address _____

City _____ State _____ Zip Code _____ Date of Birth: ____/____/____ Age: ____

E-mail Address _____ AIM Screen Name: _____

Parents' Email _____

Vegetarian: No Yes If yes, describe to what extent: (Vegan, Ovo/Lacto) _____

Lactose Intolerant: Yes No Peanut Allergy? Yes No Gluten Allergy? Yes No

Other Food intolerance/allergy? Please list w/Detail _____

Emergency Information

Please list an emergency contact person, in the event a parent cannot be reached.

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

PLEASE MAKE SURE TO FILL OUT MEDICAL FORM (SEPARATE SHEET)

*Please attach a copy of your insurance card including both the front and back sides. I hereby give permission for my child to participate in Tzafon USY Kinnus Gadol, May 28-31 and release Tzafon Region of United Synagogue of Conservative Judaism from any liability in case of accident incurred en route to or from and throughout the Event. I understand that in case of illness or accident my child is covered by my medical insurance, and that my child is responsible to USY or synagogue property. I further understand that any member involved with alcohol and/or drugs during this event period will be sent home immediately at the parent(s)' expense. In case of medical and/or surgical emergency, I hereby give permission to the physician selected by the Regional Director of Youth Activity to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above if I cannot be reached and such care is deemed necessary. I certify that all information in this application is up to date and accurate. I accept all the terms and provisions that appear throughout the application.

Parent Name _____ Signature _____ Date _____

Parent's Phone # for the period of 5/28 – 5/31 _____

Parent's work #: _____ Cell Phone #: _____ Pager #: _____ Home #: _____

I can help lead the following:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Weekday Shacharit | <input type="checkbox"/> Weekday Ma'ariv | <input type="checkbox"/> Weekday Mincha | <input type="checkbox"/> Birkat HaMotzi |
| <input type="checkbox"/> Birkat HaMazon (full version) | <input type="checkbox"/> Read Torah | <input type="checkbox"/> Read Haftarah | |
| <input type="checkbox"/> Hagbah (lifting the Torah) | <input type="checkbox"/> Glilah (wrapping the Torah) | <input type="checkbox"/> Gabbai | <input type="checkbox"/> Aliyah |

TZAFON USY REGIONAL ACTIVITIES CODE

As a USYer, I promise that I will uphold the standards of USY. I will respect others and myself. I understand that if I fail to abide by the standards set forth here disciplinary action may be instituted. Accordingly, I acknowledge that I have reviewed and that I agree to the following rules of conduct. **Please review and initial each statement.**

1. _____ Under no circumstances will I engage in any illegal conduct, including, but not limited to, acts of battery and assault, shoplifting or the destruction or damaging of the property of an individual or an entity.
2. _____ Under no circumstances will I possess or use tobacco of any kind, illegal non-prescription drugs, or alcohol at any function.
3. _____ I will maintain proper behavior with regard to interpersonal relations, including language and personal attire.
4. _____ I will refrain from engaging in any inappropriate sexual behavior, including but not limited to actions, which may be perceived by reasonable persons to be sexually harassing in nature.
5. _____ I will observe Kashrut and Shabbat in accordance with the practices as defined by the Law and Standards Committee of the Rabbinical Assembly.
6. _____ If I am male, I will wear my kippah at all functions. If I am Bar Mitzvah, I will wear tallit and t'fillin when appropriate. If I am female I understand I may do so if it is my custom.
7. _____ I will attend the event in its entirety unless excused in advance by the Regional Youth Director. I understand that Shabbat (Friday night and Saturday) must be attended in its entirety.
8. _____ I will not enter a room or area designated or assigned for exclusive use by members of the opposite sex.
9. _____ I will assume all responsibility for any damage to property that may be caused by my actions, intentional or not, including costs of repair or replacement of said property.
10. _____ I will use only approved USY transportation to, from, and during any USY event. I understand that no USYer may ride in a car driven by a (USY or non-USY) high school student to, from, and during any Regional event.
11. _____ I will reside only in my assigned housing and I will abide by the curfew.
12. _____ I understand that only USYers registered for the event will be permitted to participate.
13. _____ I will listen to and cooperate respectfully with staff and my host family at all times.
14. _____ I will take part only in activities that are authorized by the Regional Youth Director and supervised by event staff or the Regional Youth Director's appointee.

OFFENSES WHICH WILL RESULT IN MY BEING SENT HOME /REMOVED FROM REGIONAL OFFICE AND /OR BARRED FROM ATTENDING FUTURE REGIONAL/NATIONAL EVENTS

15. _____ I understand that my violating any of the commitments set forth below will result in disciplinary action which WILL include my being sent home at my parents' expense (after Shabbat has ended); my suspension from one or more regional activities including, but not limited to any Tzafon Kadima/USY event, for which I am eligible, leading up to and including the next Tzafon Regional event and/or my immediate removal from any regional executive or extended board position in which I serve. These infractions include:
 - a. engaging in **any** illegal conduct, including, but not limited to, acts of battery and assault, shoplifting, destroying or damaging the property of an individual or an entity.
 - b. possessing or using, illegal non-prescription drugs, or alcohol at any function.
 - c. engaging in any inappropriate sexual behavior, including but not limited to actions which may be perceived by reasonable persons to be sexually harassing in nature.
16. _____ If a USYer is apprehended for an infraction of the International 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. The USYer's region reserves the right to impose additional sanctions in connection with this or any other improper behavior, as it sees fit.
17. _____ I understand that 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 regional Youth Director, in consultation with the Regional Youth Commissioner, 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.

DUE PROCESS

18. _____ I understand that upon learning that I may have committed any of the infractions as set forth above, the Regional Youth Director, or his/her designee will discuss such violations with me. I further understand, that for acts of misconduct as set forth in paragraph 15 above, my parents will immediately be informed by telephone, if possible, (unless it is Shabbat, in which case, my parents will be notified immediately thereafter).
19. _____ I further understand that the Regional Youth Director, prior to determining the appropriate disciplinary action to take, will, if feasible, confer with the Regional Youth Commission Chairman as well as an individual from the professional staff of the United Synagogue of Conservative Judaism and/or a lay leader from the Board of Directors of the Empire Region. I also understand that the Regional Youth Director will, in a timely fashion, inform my Chapter Advisor/Youth Director, and provide a letter explaining the code infraction and disciplinary action taken to me, my Rabbi, Advisor/Youth Director, Youth Commission Chairman, and parents.

I have read, and agree to the above CODE OF CONDUCT.

Signature of USY Member

Advisor Signature

Signature of Parent

KINNUS GADOL 2009 MEDICAL HISTORY FORM

This form must be returned to Tzafon USY, 113 New Krumkill Road, Albany, NY 12208 along with his/her Kinnus Gadol application.

No USYer will be permitted to attend without a completed application and Health Medical Record.

Name: _____ Birthdate: ____/____/____ Grade: _____ Sex: M F

Address: _____ City/State/Zip: _____

Phone: (____) _____ Synagogue/Chapter: _____

Dietary Restrictions: _____

Vegetarian: Y N Allergies: (food or otherwise) _____

In Case of Emergency Notify:

Parents: _____ Home: (____) _____ Cell: (____) _____

Emergency Contact: _____ Home: (____) _____ Cell: (____) _____

Health Ins Plan #: _____ Health Ins ID #: _____

Health Ins Carrier: _____ Name of Insured: _____

HEALTH HISTORY

(Check all that apply and give specific under comments)

Anxiety/Depression

Heart Disease

Psychological Treatment

Asthma

Hyperactivity

Sleep Walking

Convulsions

Hypertension

Tuberculosis

Diabetes

Kidney Problems

Drug Allergies

Eating Disorder

Insect Allergy

OTHER (please note)

Need for an EpiPen

Inhaler

Comments: _____

Conditions requiring medication to be taken at KINNUS GADOL (PLEASE ATTACH a Sheet with MEDICATIONS LISTED and DOSAGES and What each medication is for) _____

PLEASE NOTE THAT ALL MEDICATIONS BROUGHT TO KINNUS GADOL MUST

BE IN ORIGINAL PRESCRIBING CONTAINERS (with USYers name listed) and given to our MEDICAL STAFF.

NO USYer will be permitted to keep/carry their own medication (except in the case of a Rescue Inhaler).

ALL MEDICATIONS WILL BE GIVEN OUT AT PRESCRIBED TIMES

Activity restrictions: _____

** PHYSICIAN SECTION NOT NECESSARY IF YOU HAVE ONE FROM ENCAMPMENT '08 ON FILE

MEDICAL EVALUATION
(to be completed by a physician)

A. History: Are you aware of any additional health conditions not noted above? Yes ___ No ___

Comments: _____

Are basic immunizations complete? Yes ___ No ___ **(MUST INCLUDE A LIST OF IMMUNIZATIONS and DATE GIVEN)**

Date of last Tetanus? ____/____/____

B. Physical exam: Date used for this form (must be after 5/1/08) ____/____/____

Entirely normal: _____ Abnormalities noted: _____

C. Recommendations and/or restrictions: _____

D. Required daily or PRN Medications: _____

E. Activity restrictions: _____

F. Drug Allergies: _____

G. Comments not covered by form: _____

PHYSICIAN'S STATEMENT

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically, mentally, and emotionally, able to engage in camp activities except as noted above.

Physician's Name: _____ Office Phone (_____) _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: ____/____/____

IMPORTANT - This section must be completed for attendance for ALL ATTENDEES

The above information and health history is correct and complete to the best of my knowledge.

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 activities except as noted under restrictions or modifications above or on reverse side.

I further state that my child has no behavioral or emotional problems that would be detrimental or disruptive to others in attendance at camp. I hereby give permission to the medical staff at camp:

1. To provide ongoing health care.
2. To select medical personnel and to order X-rays or routine tests or treatment for the person listed above.

Signature of parent or legal guardian: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

AUTHORIZATION

In case of a medical emergency, accident, or a serious health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the USYer. In the event that I can not be reached. I hereby give permission to the physician selected by the Regional Youth Director or his/her designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

This form may be photocopied for emergency use out of camp.