

Pinwheel USY Fall Kinnus 2009: Making Sense of Israel

Date: 2:00 pm Friday, October 23 until Noon, Sunday, October 25, 2009
Location: Camp Solomon Schechter, Olympia, WA
Cost: US\$199.00 with completed application and payment to your chapter by October 8, 2009

PLEASE NOTE:

- ◆ **Sibling Discount:** Discount applies to families with two+ children participating may deduct \$20 for the second and subsequent child.
- ◆ **Transportation:** Registration fees do not include transportation. Please check with your chapter advisor for rates and details.
- ◆ **Registration Deadline:** Form and payment is due to your chapter advisor by **Thurs. October 8.**
- ◆ ****NOTE** Those submitting forms and payment after the deadline will be assessed a \$36 late fee and cannot be guaranteed a spot. Please avoid disappointment and register early!**
- ◆ **Males are required to bring tallit and tefillin; females are strongly encouraged to do so.**

Please PRINT (Incomplete forms will cause delays in processing)

Name (in English):		**NEW!** Name (in Hebrew):			
Address:					
City:		State/Province:		Zip/Postal Code:	
Phone:		Fax:		T-Shirt: S M L XL	
USYer Email:			Parent Email:		
USY Chapter:			Congregation:		
Grade:		Graduation Year:		Gender: M F	
				Vegetarian: Yes No	

MEDICAL INFORMATION (Medical insurance is required to attend Regional Events • Care Cards do **not** provide coverage!)

Medical Insurance Company:	
Policy Number:	
Medical Conditions/Allergies/Medications:	
In case of medical emergency, I hereby grant permission to secure medical treatment for my child.	
Parent Name (print):	Alternate Phone:
Parent Signature:	Date:
Emergency Contact:	Emergency Contact Phone:

REGISTRATION PROCEDURE

- ◆ Complete the application form, consent, authorization & release form (p.2) signed by parent & USYer.
- ◆ Complete Code of Conduct Form signed by parent and USYer.
- ◆ Make cheque payable to your chapter/synagogue and return to your staff **on or before October 8.**

Cancellation policy as follows: One month prior to event = full refund; two weeks = 1/2 refund;
7 days or less = no refund. Cancellation must be made in writing to the Regional Youth Director.

ROOMING REQUEST INFORMATION

- ◆ Although we make every effort to honour your requests, we cannot make any guarantees.

1. _____ 2. _____

INTERESTED IN LEADING TEFILLOT?

- ◆ Circle all that apply: Bircat Ha-Mazon • Torah Reader • Haftarah • Shacharit • Torah Service • Musaf • Mincha • Ma'ariv • Cohen • Levi • Gabai • Shira. Our Regional VP Rel/Ed will contact you

PINWHEEL REGION - UNITED SYNAGOGUE YOUTH - 2900 SW Peaceful Lane, Portland, Oregon 97239-1199
CONSENT AUTHORIZATION AND RELEASE

RE: _____ **(Minor) Date of Birth:** _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the PACIFIC NORTHWEST REGION OF UNITED SYNAGOGUE YOUTH, a department of the United Synagogue of Conservative Judaism, headquarters in Portland, Oregon, ("USY") in connection with USY Fall Kinnus.

1. 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 line is checked _____ with an explanation attached.
2. The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations and Code 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 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 circumstances. If you are not able to timely contact me for instructions, you are authorized to act 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 line _____ is checked with an explanation attached to this page.
4. Unless this line _____ is checked and I have provided you with specific instructions, directions or other specific date to the contrary, on the reverse side of this or on an attached page, 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.
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 sole, full and legal power and right to execute this Consent, and that you will rely on my representations.
7. If more than one person signs this Consent, all references of the singular shall include the plural, jointly and severally.

WE HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE. WE HAVE READ THE CONSENT AUTHORIZATION & RELEASE AND AGREE TO ITS TERMS.

Signature of Youth	Date
Signature of Parent/Guardian	Date

CODE OF CONDUCT

NO ONE MAY LEAVE THE PROGRAM at any time unless the Regional Director gives permission.

1. The event schedule is to be followed at all times. All participants must attend and participate in all programs.
2. No one who is not registered for the event will be allowed on camp/hotel grounds to visit with event participants.
3. Cost of all damage to hotel rooms/camp cabins or hotel/camp facilities will be the responsibility of the occupant.
4. Tobacco, alcohol, illegal drugs or other illegal activities will not be tolerated. Use, possession, or being under the influence of illegal drugs, or association with any other illegal activities will result in being sent home AND suspension from Regional and International programs and events for a period of one year.
5. Kashrut is to be observed throughout the event, including free time.
6. Shabbat is to be observed according to the standards of the Conservative Movement.
7. Any prescribed medication must be registered with the Regional Director at the start of the event.
8. No USYer may participate in the event unless their medical forms and registration forms are completed and on file.
9. No females are allowed in a male's room or males in a female's room. There are no exceptions.

It is understood that the entire program is under the strict supervision of the Regional Director of Pinwheel USY and authorized representatives. USY is proud of its reputation. It is expected that all participants realize that they are functioning as emissaries of USY, the Conservative Movement and Judaism. Any behavior, which reveals a lack of respect for the USY environment or the event program, will be considered as a violation of the Code of Conduct. Participants will show respect for the site, themselves, each other, and other's belongings. An USYer breaking the above rules and codes will be subject to disciplinary action, including being sent home immediately at his/her own expense, forfeiting the registration for the program, including all moneys paid.

WE HAVE READ THE CODE OF CONDUCT AND AGREE TO ITS TERMS.

Signature of Youth	Date
Signature of Parent/Guardian	Date