

**SEABOARD REGION USY ENCAMPMENT & KAMP KADIMA**  
**AUGUST 17-23, 2009 ~ CAPITAL CAMPS IN WAYNESBORO, PA**  
**REGISTRATION FORM**

Early Bird Deadline: June 19, 2009

Deadline: July 17, 2009

Registration Fee: \$525 (Early Bird) or \$555

Name: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Chapter (Synagogue): \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

**PARENT INFORMATION:** Please provide the following information so we can contact your parents in the case of an emergency.

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: ( ) \_\_\_\_\_ Father's Home Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: ( ) \_\_\_\_\_ Mother's Home Phone: ( ) \_\_\_\_\_

**CHECK ONLY ONE:**     **USY (9-12<sup>th</sup> grade as of 9/09)**     **Kadima (6-8<sup>th</sup> grade as of 9/09)**

T-shirt size (Adult sizes):     X-Small (for Kadima only)     Small     Medium     Large     X-Large     XX-Large

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

Lactose Intolerant:     Yes     No

Any food allergies?     Yes     No    If yes, please explain: \_\_\_\_\_

This past summer I was on:     USY on Wheels     USY Israel Pilgrimage     Another USY Summer Program \_\_\_\_\_

I have a sibling attending Encampment     Yes (see *Fee Section* for more information about Sibling Discounts)

**Emergency Information**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Insurance Information**

Health Insurance Carrier \_\_\_\_\_

ID # \_\_\_\_\_ Phone Number of Insurance Carrier ( ) \_\_\_\_\_

Address of Company \_\_\_\_\_

**\*Please attach a copy of your insurance card including both the front and back sides.\***

ALL USYERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.

**Youth Director /USY Advisor/Rabbi Statement**

I hereby affirm that the above-mentioned youth is a member in good standing of our USY or Kadima Chapter and fully support his/her participation in Seaboard Region USY Encampment/Kamp Kadima 2009.

\_\_\_\_\_  
Signature of Youth Director /USY Advisor/Rabbi

\_\_\_\_\_  
Date

**PARENTAL CONSENT**

I hereby give my son/daughter, \_\_\_\_\_, permission to attend the 2009 Seaboard Region USY Encampment/Kamp Kadima at Capital Camps in Waynesboro, PA. I understand that my child will be a participant in the program beginning on August 17, 2009 and concluding on August 23, 2009. I understand that all necessary safety precautions, chaperons, and insurance have been arranged by the Region. I understand that I am liable for all damage caused by my child to the property of others, and will reimburse United Synagogue, Seaboard Region for such claims as determined by the Regional Youth Director. I agree to hold harmless and indemnify the Seaboard Region of United Synagogue of Conservative Judaism and the United Synagogue of Conservative Judaism from any and all claims or causes of action instituted by my child or on behalf of my child arising out of his/her participation in the Seaboard Region USY Encampment/Kamp Kadima. I have reviewed the attached Kinnus Code with my child and understand that he/she must comply with the Code or be subject to disciplinary action to be determined by the Regional Youth Director. I understand that my child may be sent home from the USY Encampment/Kamp Kadima at my expense if found to be in violation of this Code. Furthermore, in the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the Regional Youth Director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. Of course, in the event of an emergency, every effort will be made to reach the parents or their proxy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**PARTICIPANT STATEMENT**

As a participant in the 2009 USY Encampment/Kamp Kadima, I understand that I must abide by all the rules of the Seaboard Region Kinnus Code. I agree to attend all scheduled classes, workshops, programs, and meals. I will attend and participate in all religious services. I will observe all curfews and rules regarding when and if I may leave the Encampment site. I understand that any damage done to the property of others or of Seaboard Region United Synagogue of Conservative Judaism for which I am responsible will be billed to me. I agree not to bring or use (consume) any alcoholic beverages or any other narcotics at any time during the event. I understand that violation of these rules can result in my immediate removal from the event at the expense of my parents. I will do all that I can to make this program a successful one of which all participants can be proud.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

**T'fillot (Services)**

USY Encampment/Kamp Kadima is an ideal place to practice your davening skills and try out some new ones. We always welcome new faces on the bimah! The Regional Religion Education Vice President or a member of the committee will get in touch with you as soon as possible. Thank you for your interest and your support.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Hebrew Name \_\_\_\_\_ Ben/Bat(Father's Name) \_\_\_\_\_ V' (Mother's Name) \_\_\_\_\_

I am a:  Cohen  Levi  Yisrael

I would like to lead the following:

- Kabbalat Shabbat       Weekday Shacharit       Shabbat Shacharit       Weekday Ma'ariv       Shabbat Musaf
- Shabbat Ma'ariv       Weekday Mincha       Kiddush       Shabbat Mincha       HaMotzi
- Shabbat Torah Service       Birkat HaMazon       Read Torah       Hagbah (lifting the Torah)
- Read Haftorah       Gililah (wrapping the Torah)       Gabbai       Aliyah

I am interested in learning the following: \_\_\_\_\_

**Bunk Information**

Please list two (2) people with whom you would like to be bunked. Bunking is generally done by grade.

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Name \_\_\_\_\_ Chapter \_\_\_\_\_

**We cannot guarantee bunk requests. Do not pack your belongings together with someone else!**

### **Fee Information:**

Your Encampment registration fee includes 7 days and 6 nights at the beautiful Capital Camps Retreat Center, round trip bus transportation to and from Capital Camps from designated pick-up points throughout the Region, kosher meals and snacks, use of all camp facilities, all programming expenses including a day-trip to Hershey Park and an Encampment T-shirt.

**Early Bird Price** - Register for USY Encampment/Kamp Kadima prior to June 19, 2009 for the discounted price of **\$525** (your completed application and payment must be postmarked by June 19, 2009 in order to qualify – health form may be submitted by July 17<sup>th</sup>).

**Registration Fee** – Register for USY Encampment/Kamp Kadima for the great price of **\$555**. Your completed application and payment must be received by July 17, 2009. Applications received after July 17<sup>th</sup> will be accepted on a space available basis only.

**Sibling Discount Price** – Register your first child at the regular registration price (price determined by when you register) and each additional child at 10% off the registration price.

### **Add-Ons (for USYers only):**

I wish to join the 613 Mitzvot Club for 2009/2010 for an additional \$6.13 (voluntary)

Check here if you included the additional \$6.13

I wish to join HeChalutzim Israel Club for 2009/2010 for an additional \$10.00 (voluntary)

Check here if you included the additional \$10.00

### **(Voluntary) Donation to the USY/Kadima Scholarship Fund:**

I wish to contribute \$\_\_\_\_\_ to the USY/Kadima Scholarship Fund to help provide financial assistance to those that can not afford to send their children to USY and Kadima Regional Conventions and Encampment. This donation is fully tax-deductible and 100% of the money donated goes towards scholarship assistance for USYers & Kadimaniks.

**Total Amount Enclosed \$\_\_\_\_\_ (including registration fee and add-on costs/donations)**

### **Please note:**

1. The application and health form, with all signatures, must be completed. The health form may be sent separately from the application and payment.
2. Refund Policy:  
100% on or before July 17, 2009  
50% on or before July 31, 2009  
**No refunds will be given after July 31, 2009**

**Please make checks payable to Seaboard Region and send them to:**

**USY Encampment/Kamp Kadima, 121 Congressional Lane, Suite #210, Rockville, MD 20852**

## **UNITED SYNAGOGUE YOUTH, SEABOARD REGION KINNUS CODE**

Rules are necessary for any group activity to be successful. Our goal at regional activities is to provide a safe, fun, and exciting experience for everyone. We do not expect any problems, but the rules for regional events are listed here for your information.

1. The Conservative Movement's standards regarding Shabbat will be strictly observed. This includes refraining from lighting fires, using radio or television or other electrical appliances, playing musical instruments, writing, and using or carrying money.
2. Kashrut will be strictly observed. All food must conform to standards of the United Synagogue of Conservative Judaism. Kinnus policy is to wait 3 hours between eating meat and milk products.
3. All males must wear kippot at services, study sessions, and meals. All post-Bar Mitzvah males must wear tallit and t'fillin at appropriate times. Females may do so at their discretion.
4. No one is to leave the program site at any time without the express permission of the Regional Youth Director.
5. There will be no visitors, youth or adult, without the permission of the Regional Youth Director.
6. All participants will be at all scheduled activities, and will arrive on time.
7. Participants will not use or have any contact with alcoholic beverages or illegal drugs, nor will they tolerate their use by others. This rule will be strictly enforced, and warnings will not be given. The minimum sanction for this behavior is immediate expulsion from the program (at parental expense) and prohibition from attending the next major regional convention. Readmission to regional activities will be by written request of the participant and will be subject to the approval of the regional youth director. In addition, International policy dictates that any participant sent home from a regional event for such an infraction is prohibited from participation in all International programs (including summer programs) for one full year.
8. Use of prescription medications is restricted to the individual for whom they were prescribed.
9. Smoking by youth participants is not allowed during any regional function.
10. No participant may be away from his/her bunk or room after curfew without the permission of the program director or his/her designee.
11. Use of any waterfront or pool facility will only be allowed in the presence of a licensed lifeguard.
12. Males and females may not be in each other's rooms or alone in any unsupervised fashion.
13. The Region reserves the right to search the belongings of any participant as well as the living space any participant inhabits during the course of any Regional event.
14. All participants will be expected to show *derech erez* (common courtesy) to one another at all times. Disrespectful behavior toward staff will not be tolerated.
- 15.** The Regional Youth Director (or his/her designee) shall have the authority to determine sanctions to be applied against individuals and chapters for infractions of the above or for any behavior deemed inappropriate by the Regional Youth Director.