

# 8<sup>th</sup> Grade Shabbaton

~ WELCOME TO USY ~

CHUSY REGION INVITES YOU TO THE 8<sup>TH</sup> GRADE SHABBATON!

December 4 – 6, 2009

at the Holiday Inn Rolling Meadows Schaumburg  
in Rolling Meadows, IL

**COST: \$295.00 \***

**PLEASE RETURN THIS APPLICATION TO: CHUSY REGION**

601 Skokie Boulevard #402  
Northbrook, IL 60062

**All applications must be received no later than Wednesday, November 11, 2009.** Only complete applications will be considered. A complete application includes: Application (this page), Signed CHUSY Code of Conduct, Signed Consent Form, Religious Participation Form, a photocopy of your health insurance card and payment.

**Please make checks payable to CHUSY Region. \*There is a 2.5% processing fee for credit card payments.**

CANCELLATION POLICY: From 11/11 – 11/18 a **\$100** fee will be retained. From 11/19 – 11/27 a **\$200** fee will be retained. Cancellations after 11/27 – no refunds.

**PLEASE NOTE:** The program will begin at 1:30 PM on Friday and end at 12:00 PM on Sunday. Transportation **will not** be provided.

NAME \_\_\_\_\_ CHAPTER/SYNAGOGUE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARTICIPANT'S EMAIL \_\_\_\_\_  Please check box if this is a new e-mail address.

FATHER'S NAME \_\_\_\_\_ CELL/WORK PHONE ( ) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL/WORK PHONE ( ) \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_  Please check box if this is a new e-mail address.

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**HEALTH INSURANCE ~ Please return a photocopy (FRONT & BACK) of your insurance card along with your application.**

Name of Company \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Please list current medication and or any special needs \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

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**ROOMING REQUESTS** ~ Please check with the 8<sup>th</sup> graders that you are signing up to room with. Rooming requests must be mutual. Rooms contain 2 queen size beds and there will be 4 participants in each room.

1. Name \_\_\_\_\_ Chapter/Synagogue \_\_\_\_\_

2. Name \_\_\_\_\_ Chapter/Synagogue \_\_\_\_\_

3. Name \_\_\_\_\_ Chapter/Synagogue \_\_\_\_\_

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**VEGETARIAN MEAL REQUEST** \_\_\_\_\_ I am a vegetarian and would like vegetarian meals.

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\_\_\_\_\_ I'd like to pay for the 8th Grade Shabbaton with a Visa/Master Card.

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## 8<sup>th</sup> Grade Shabbaton 2009

### CHUSY REGION CODE OF CONDUCT

United Synagogue Youth enjoys one of the most honored and respected reputations of any youth organization. This **Code of Conduct** will help us enjoy and benefit from the numerous programs our Region and youth organization offers.

For purposes of this Code of Conduct, a "USY event" or "activity" shall include all times from when a USYer leaves his or her home, through when the USYer returns to his or her home, including free time and during transportation to and from the event.

1. **Kashrut** will be observed, including during transportation to and from USY events, and during "free time".
2. **Religious Observance.** All USYers and staff shall observe the religious policies established by the United Synagogue of Conservative Judaism, including those pertaining to Shabbat observance; all males must wear *kipot* during all services and meals and *talit/t'filin* for morning services where appropriate. All USYers shall wear clothing appropriate to the event/location.
3. **Possession or use** of any weapons, alcohol, tobacco products and/or illegal drugs is not permitted at a USY event. 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.
4. **Attendance** at all scheduled USY event activities is required, and only those registered for the USY event are permitted to attend. No USYer may leave the premises in which a scheduled event is located without prior approval of the Regional Youth Director, as well as prior permission of the parent/guardian.
5. **Camp/Hotel Hospitality.** Males are not permitted in sleeping rooms occupied by females, and females are not permitted in sleeping rooms occupied by males.
6. **Observance of Civil/Criminal law.** No USYer or staff shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction to 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.
7. **Cooperation with Staff.** Each USYer shall fully cooperate with every staff person, including volunteer staff persons, and shall otherwise adhere to all rules established for the event.

Anyone who violates this Code of Conduct shall be subject to disciplinary consequences, including, but not limited to, being sent home at the expense of the violating USYer or staff member (or his/her parent/guardian), monetary payment for personal and/or property damages and suspension from future USY events. The Regional Youth Director reserves the right to enforce these and any other behavioral rules, and impose additional sanctions with respect to behavior that would otherwise affect the integrity of the USY event and/or the health, safety and welfare of its participants and staff.

In the event a USYer or staff member violates the National Youth Commission policy regarding drug/alcohol abuse or any other criminal offense (including but not limited to shoplifting), punishment for that offense will include suspension from international USY events/activities (including but not limited to International USY Convention and USY Summer Programs) for one year following the infraction.

We have read the **CHUSY Code of Conduct** and agree to its terms.

Printed Name of Participant \_\_\_\_\_

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

Signature of Parent \_\_\_\_\_

**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM – MIDWEST REGION  
DEPARTMENT OF YOUTH ACTIVITIES – CHUSY REGION  
601 SKOKIE BOULEVARD, SUITE 402  
NORTHBROOK, IL 60062  
847. 714.9130                      847.714.9133 FAX**

**CONSENT, AUTHORIZATION AND RELEASE**

RE: \_\_\_\_\_, a minor ("USYer or Kadimanik")

Date of Birth \_\_\_\_\_

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the Department of Youth Activities of The United Synagogue of Conservative Judaism, headquartered in Northbrook, IL in connection with CHUSY Regional Activity ("Scheduled Activity").

1. The Minor has my consent to attend and to participate in Scheduled Activity. There are no limitations or restrictions of any kind whatsoever on such participation unless checked here\_\_\_and an explanation is 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/KADIMA and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY/KADIMA ("Personnel"). All references to "you" or "your" mean USY/KADIMA and its Personnel.
3. You, acting as my authorized agent and at my sole cost and expense, 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 circumstances, if you are not able to timely contact me for instructions. There are no exceptions or limitations to the foregoing, unless checked here\_\_\_ and specific written instructions are attached.
4. Unless checked here\_\_\_and I have attached specific written instructions, directions or other specific data to the contrary, you may assume that the Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that may limit participation in the Scheduled Activity.
5. I expressly release and agree to indemnify and hold you 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 unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Minor or by my 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 acknowledge that you will be relying on my representations and statements, and on the information supplied to me.
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 UNDER THE LAWS OF THE STATE OF ILLINOIS THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND 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: THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT: AND THAT I HAVE VOLUNTARILY SIGNED THIS CONSENT ON \_\_\_\_\_, 20\_\_\_\_\_.

**Signature of Parent** \_\_\_\_\_

# CHUSY REGION - 8<sup>TH</sup> GRADE SHABBATON 2009

## SERVICE PARTICIPATION FORM

*Please Print!*

Name \_\_\_\_\_

Chapter/Synagogue \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of School \_\_\_\_\_

Please circle accordingly:      Cohen                      Levi                      Israel

*I can lead: (Please put an x)*

*I want to learn: (Please put a √)*

\_\_\_\_\_ Hamotzi

\_\_\_\_\_ Birkat Hamazon

\_\_\_\_\_ English Reading

\_\_\_\_\_ Hagbah (Lift Torah)

\_\_\_\_\_ G'lilah (Bind Torah)

\_\_\_\_\_ Gabbai

\_\_\_\_\_ Aliyah

\_\_\_\_\_ Weekday Shacharit

\_\_\_\_\_ Weekday Mincha

\_\_\_\_\_ Weekday Ma'ariv

\_\_\_\_\_ Friday Night Kiddush

\_\_\_\_\_ Kabbalat Shabbat

\_\_\_\_\_ Shabbat Ma'ariv

\_\_\_\_\_ Shabbat Shacharit

\_\_\_\_\_ Shabbat Musaf

\_\_\_\_\_ Torah Service

\_\_\_\_\_ Read Torah

\_\_\_\_\_ Chant Haftarah

\_\_\_\_\_ Shabbat Morning Kiddush

\_\_\_\_\_ Shabbat Mincha

\_\_\_\_\_ Havdalah

\_\_\_\_\_ Candle Lighting