

**METNY Region Mid Winter Kallah Application**

**Suffern, NY**

**February 5-7, 2010**

*Application Deadline: **January 22, 2010***

**Cost For Event: \$215 – Paid by check or credit card.**

**Checks payable to “METNY Region, USCJ”- 820 2<sup>nd</sup> Avenue, 10<sup>th</sup> Fl, New York, NY 10017**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Space is limited and applications will be accepted on a first-come, first-serve basis. Register now to secure your spot!  
Any questions? Please call us at 212-533-0800, e-mail at [metnyusy@uscj.org](mailto:metnyusy@uscj.org) or fax to 212-533-0400.*

Name: \_\_\_\_\_ Gender:  Female  Male  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Chapter: \_\_\_\_\_ Division: \_\_\_\_\_ Grade: \_\_\_\_\_  
USYer Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
USYer Cell Phone: \_\_\_\_\_

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

Father’s Name: \_\_\_\_\_ Mother’s Name: \_\_\_\_\_  
Father’s Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mother’s Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Father’s Home Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mother’s Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Father’s Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mother’s Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Father’s E-Mail: \_\_\_\_\_ Mother’s E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Please provide the following information for an emergency contact that can be called in an emergency when **neither parent** can be reached.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**BUSING INFORMATION**

I require busing from:

- Rakevet  Kiryah  Solomon Schechter LI
- Chazak  No busing  Westchester
- Solomon Schechter Westchester

**INSURANCE INFORMATION:**

Name of Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_  
Policy Number/ID Number: \_\_\_\_\_  
Name of Policy holder: \_\_\_\_\_

**MEDICAL INFORMATION:**

Dietary Needs (other than Kosher):  Vegetarian  NO red meat  Lactose Intolerant  
 Other \_\_\_\_\_

Do you have any medical conditions or special needs (including allergies)?  Yes  No

If yes, **please list condition, medication/treatment, and dosage:** \_\_\_\_\_

Are your activities to be restricted in any way?  Yes  No If yes, please describe: \_\_\_\_\_

**PLEASE NOTE:** In order that we can best serve the needs of all participants in the program, it is imperative that you attach a note indicating any additional medical information that may help us treat your child (i.e., history of mental illness, depression, seizures, diabetes, etc.). Please do not omit any information – acceptance to the program is NOT based on health history and all medical records are confidential.

**ROOMING REQUEST & REQUIRED SIGNATURES**  
**METNY Region Mid Winter Kallah**

**ROOMING REQUESTS:** We will make every effort to honor all rooming requests.

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

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

Is this your first time away from home?    Yes    No

**REQUIRED SIGNATURES:**

***YOUTH DIRECTOR/RABBI STATEMENT***

I hereby affirm that the above-mentioned youth is a member in good standing of our USY Chapter and fully support his/her participation in the METNY Region Mid Winter Kallah 2010.

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

\_\_\_\_\_  
Date

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***METNY REGION MID WINTER KALLAH 2010 PARTICIPANT STATEMENT***

As a participant in the 2010 Mid Winter Kallah, I understand that I must abide by all the rules of the METNY Regional Code of Conduct. 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 Kallah site. I understand that any damage done to the property of others or of METNY Region USCJ 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.

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

\_\_\_\_\_  
Date

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***PARENTAL CONSENT***

I hereby give my son/daughter, \_\_\_\_\_, permission to attend the 2010 METNY Region Mid Winter Kallah in Suffern, NY. I understand that my child will be a participant in the program beginning on February 5, 2010 and concluding on February 7, 2010. I understand that all necessary safety precautions, chaperones, 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, METNY Region for such claims as determined by the Regional Youth Director.

I agree to hold harmless and indemnify the METNY 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 METNY Mid Winter Kallah 2010.

I have reviewed the attached Code of Conduct 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 Mid Winter Kallah 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.

I have been made aware of the fact that the event in which my child is participating may be photographed by either amateur or professional photographers and that the photographs taken may be used both for purposes of reporting on the event or for such other use as the 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.

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

\_\_\_\_\_  
Date

**METNY Region Mid Winter Kallah 2010**  
**Holiday Inn – Suffern, NY**

**COST & TRANSPORTATION**

The total cost for this weekend is \$215. The cost includes Kosher catered meals and snacks, two nights at the Holiday Inn in Suffern, NY, all program expenses and materials, as well as bus transportation from select areas of the Region. *A \$15 late fee will be assessed to any application received after the **January 22, 2010** deadline.* All busing information will be sent out a week prior to the event. Please send all complete applications and payments to the METNY Regional Office at:

**METNY Mid Winter Kallah**  
**820 2<sup>nd</sup> Avenue, 10<sup>th</sup> Floor**  
**New York, NY 10017**

**REFUNDS:**

As we get closer to Kallah, more money is invested on behalf of each registered participant. Therefore, refunds will only be granted as follows: 100% on or before January 22, 2010

50% on or before January 29, 2010

**No refunds will be given after January 29, 2010**

*All cancellations must be submitted in writing via e-mail, postal mail or fax.*

**SCHOLARSHIPS:**

The Region does provide some scholarship assistance on a need-basis. To inquire about such assistance, please call the Regional Office at (212)533-0800. Please remember that these scholarships should not be considered as a major source of funding. Many synagogues also provide subsidies for participants to attend Mid Winter Kallah. Consult your chapter Youth Director, Advisor, or Rabbi for more information.

**UNITED SYNAGOGUE – METNY REGION**  
**CODE OF CONDUCT**

1. Kashrut will be observed, including during transportation to and from USY events and during free time.
2. All participants shall observe the religious policies established by then USCJ, including those pertaining to Shabbat observance (including arrival prior to Shabbat and travel on Shabbat exclusively to scheduled synagogue event or services); all males must wear Kippot during services and Tallis/Tefillin in 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.
4. Attendance at all scheduled USY event activities is required, and only those registered for the USY event are permitted to attend, unless otherwise approved by the event director. No USYer may leave the premises in which a scheduled event is located without prior approval of the event director as well as prior permission of the parent/guardian. No USYer is permitted to enter or leave the event once Shabbat has begun.
5. All rooming assignments are final, and any changes may only be made with the express permission of the event director.
6. No participant shall violate any civil or criminal law, including but not limited to, those relating to tampering of or 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, is not permitted
7. Clothing on which any profanity or inappropriate language, pictures, or symbols are written, printed, or depicted is not permitted. No visible underwear is permitted for both males and females. During services, inappropriate short skirts or shorts, or tight garments are not permitted. Shoulders must be covered for both males and females. Tank tops, 2-piece bathing suits (except where midriff is covered), bare midriff styles, halter-tops, leggings or see through blouses are not permitted. Required attire for Shabbat: Males- long pants with a dress shirt and dress shoes. Females- a skirt or dress of appropriate length, blouses with sleeves, dress shoes. Males and Females- no shorts, jeans, or sneakers are to be worn during Shabbat services and meals.
8. Participants shall fully cooperate with every staff person, including volunteer staff, and shall otherwise adhere to all these rules established for the event.