

**SENIOR WEEKEND - SEA MIST RESORT - MASHPEE, MA  
MARCH 5 - 7, 2010 / 19-21 ADAR, 5770  
REGISTRATION FORM**

NAME \_\_\_\_\_ CHAPTER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
street city state zip

USYer CELL PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_ VEGETARIAN \_\_\_\_\_ YES

**PARENTAL CONSENT SECTION**

I, the parent or guardian of \_\_\_\_\_ understand and agree that:

- "Send homeable" offenses are as follows: the use of drugs, alcohol, tobacco products or unacceptable behavior, including endangering oneself or the safety of others. If one does occur, I accept responsibility for my son/daughter's actions and I understand that my son/daughter will be sent home immediately at my own expense and suspended from future regional events. If my child is found in the possession of drugs or alcohol then he/she will also be suspended from International and Regional programs for a period of one year.
- I release New England Region United Synagogue and its agents from any liability.
- In case of medical or surgical emergency, I hereby give permission to the physician selected by the Convention Director to secure proper medical treatment for, and to order injection, anesthesia, or surgery for my child as named above. Of course, in case of emergency every effort will be made to reach parents or their proxy.

\_\_\_\_\_  
USYer Signature                      Parent/Guardian Signature                      Telephone

Please list any allergies and/or other medical problems that we should be aware of:  
\_\_\_\_\_

Please list any medication that your child will be taking with him/her:  
\_\_\_\_\_

**Health Insurance Company & Policy No.** \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**If I cannot be reached, please contact:** (other than parent):  
\_\_\_\_\_ Phone \_\_\_\_\_

**DEADLINE FOR RESERVATIONS: BY WEDNESDAY, FEBRUARY 24, 2010**  
*Return with check made out to NERUSY for \$175.00 to:*  
*NERUSY, 1320 Centre St., Suite 304, Newton, MA 02459*