

**Abraham Joshua Heschel Honor Society Kinnus
March 19-21, 2010
Temple Emanuel, Providence, RI**

Name: _____ M F 9 10 11 12
Gender Grade

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: () _____ Email: _____
(please print)

Chapter: _____ City/State: _____

Region: _____ I am a vegetarian: Yes No

I am allergic to animals: Y N Which? _____

EMERGENCY INFORMATION: (Please supply **all** information below.)

Parents' Names	Home Phone	Daytime Phone	Cell Phone
_____	() _____	() _____	() _____
_____	() _____	() _____	() _____

Emergency Contact Person: _____

Phone: () _____ Phone:() _____ Relationship: _____

Health Insurance Carrier _____ Identification # _____

Name Of Group _____ Group # _____

Special Needs, Medical Conditions, Or Allergies: _____

Medication Currently Being Taken: _____

HOUSING (List up to two (2) USYers of your gender with whom you would like to be housed.)

RELIGIOUS PARTICIPATION (Check the roles you would like.) Cohen Levi

Weekday: Shacharit Mincha Ma'ariv Read Torah Read Haftorah

Shabbat: Kabbalat Shabbat Ma'ariv Shacharit Musaf Mincha

Completed applications should be mailed with the Registration Fee (\$125) to:
 Heschel Honor Society Kinnus
 USY

820 Second Ave 10th fl
 New York, NY 10017

This form is due by February 22, 2010. Incomplete Applications Will Not Be Accepted.

Questions? Call Amy Dorsch at 212-533-7800 x1115 or email greenfeld@uscj.org

I _____, the parent/ guardian of _____, a minor, who will be participating in the USY Heschel Honor Society Kinnus, do hereby certify that I have read the Code of Conduct set forth on the following page. I do hereby agree that if my child who has signed the Code of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the International USY Director has the sole discretion to send my child home.

I have been made aware of the fact that the events in which my child is participating may be photographed by either amateur or professional photographers, which 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.

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 box is checked with explanation attached to this page. 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 the circumstance, if you are not able to timely contact me for instructions, acting 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 box is checked with explanation attached to this page.

Unless this box is checked and I have provided you with specific instructions, directions or other specific data to the contrary, as indicated on this application, 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. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____

Applicant Signature

By my signature, I certify that I will adhere to the program, observe the Code of Conduct (which I have read), and will conduct myself in a manner reflecting credit upon my chapter and community. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The International USY Director has the sole discretion to send a participant home.

Signature Of USYer: _____

Advisor's and Rabbi's Signatures

I attest to the fact that this delegate is fully qualified, having fulfilled all of the standards of the Heschel Honor Society, including paid-up membership filed with the regional and International office of USY. I attest to the fact that the information contained in this application is, to the best of my knowledge complete and accurate and that this delegate is Jewish according to the policies of the Conservative Movement.

Signature of Rabbi

Signature of Advisor or Youth Director

Date

Date

CODE OF CONDUCT

In connection With The Abraham Joshua Heschel Honor Society Kinnus:

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs, or prescription drugs not prescribed for the user.
3. There will be no consumption of any alcoholic beverages.
4. There will be no shoplifting or theft of any kind.
5. If a USYer is caught in possession of/or using alcohol or illegal drugs or is caught shoplifting and/or involved in theft of any kind, he/she will immediately be sent home at his/her parents' expense. Furthermore USY International policy states, "if a USYer is apprehended for an infraction of the national youth commission's policy regarding drug and alcohol abuse or any other criminal offense (including, but not limited to, shoplifting) punishment for that offense will include suspension from international USY events (including, but not limited to, the international USY convention and USY summer programs) for one year following the infraction." The USYer's region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, but not limited to, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No participant may leave the Kinnus without the express permission of the director of USY.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including observance of Shabbat and Kashrut), in accordance with the applicable standards of the Committee on Jewish Laws and Standards of the Conservative Movement and/or the local rabbinic authority.
9. USY 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. The International USY Director, in consultation with the International Youth Commission, reserves the right to enforce other rules relating to the integrity of the program and/or the safety, health or welfare of its participants.

TRAVEL

Limited funds are available for program and travel subsidies for the Kinnus. USYers will be reimbursed for travel costs above \$150, up to a preset maximum dollar amount, based on the departure city as listed below. USYers will pay a \$150 minimum and will be reimbursed for the remaining amount up to the total listed. The prices listed represent the maximum airfare per city in order to be reimbursed. For example, if an average flight from Chicago costs \$300, the maximum subsidy for a USYer coming from that area would be \$150. If your city is on this list and the fare does not exceed the price listed, travel does not need to be cleared through the International USY Office first. **All travel must be booked by March 1, 2010. Please do not book travel until you have received confirmation of participation in the Heschel Kinnus.**

A. J. Heschel Honor Society Kinnus Maximum AIRFARE

Chicago.....\$240	Los Angeles.....\$270	Toronto.....\$360 (USD)
Cleveland.....\$220	Orlando.....\$230	Atlanta.....\$240
Buffalo.....\$180	Seattle.....\$280	Baltimore.....\$175
Ft. Lauderdale.....\$230	Tampa.....\$280	

If your departing city is not listed and you need travel subsidy information, or if you have difficulty finding flights within these guidelines, please contact Amy Dorsch at greenfeld@uscj.org or (212) 533-7800x1115. **Hanefesh, METNY, NERUSY, Hagesher, EPA, and most of Tzafon** do not qualify for travel subsidy as bus or rail will cost less than \$150. To receive the subsidy, please save a receipt (or e-ticket receipt) to submit with the reimbursement request form. Reimbursement request forms will be distributed at the Kinnus. All travel receipts must be received by April 15, 2010.

USY INTERNATIONAL HESCHEL HONOR SOCIETY KINNUS

TRAVEL INFORMATION FORM

PLEASE DO NOT BOOK TRAVEL UNTIL YOU RECEIVE EMAIL CONFIRMATION THAT YOU HAVE BEEN ACCEPTED TO ATTEND THE KINNUS!

THIS FORM MUST BE RETURNED EVEN IF YOU ARE DRIVING TO THE KINNUS.

Please complete this form and send it back via email, fax or snail mail no later than March 1, 2010.

Please send to: USY Heschel Kinnus
820 Second Avenue, 10th floor
New York, NY 10017
FAX: 212-353-9439
EMAIL: greenfeld@uscj.org

Please fill out the form completely. **If you are flying and your flight times change, please advise us as soon as possible.** If you are arriving prior to Friday or leaving after Sunday, you are responsible for your transportation to the synagogue. If you need assistance, please contact us and we will help you arrange it.

All flights for the Heschel Kinnus **must** arrive at Boston's Logan Airport (BOS) on Friday, March 19, 2010 **before noon**. All trains should arrive at the Providence, RI train station **before 1:30 PM**. You should get your luggage upon landing and **look for a USY staff member near your baggage claim.**

For the return home on Sunday, March 21, 2010, we will take you to the airport or train station. All flights home should be **after 4:00 PM**. Trains can be booked after **1:30 PM**.

Name: _____

Please check one of the following:

_____ There are no flights involved - I will be dropped off/picked up at Temple Emanuel, Providence, RI

OR

_____ I will be flying into/out of Boston's Logan Airport (BOS)

OR

_____ I will take the train to the Amtrak Providence, RI Station

ARRIVAL TIME: _____ **FROM CITY:** _____

DEPARTURE TIME: _____ **TO CITY:** _____

FRIDAY, MARCH 19, 2010	SUNDAY, MARCH 21, 2010
AIRLINE:	AIRLINE:
FLIGHT #:	FLIGHT #:
CITY OF ORIGIN:	DESTINATION:
DEP. TIME:	DEP. TIME:
ARRIVAL TIME:	

COST OF TRAVEL: \$_____

OFFICE USE ONLY: RECEIPTS: _____ **APPROVED:** _____ **SUBMITTED:** _____