

BUCKUSY SATO DANCE

Don't forget to include all signatures!

January 29-31st, 2010

Tifereth Israel, Columbus, Ohio

COST: \$75.00 if postmarked by January 15th, 2010 ~All Proceeds will go towards USY's Tzedakah fund, Tikun Olam

COST: \$100 (\$25 late fee) if postmarked after January 15th, 2010

To guarantee your spot please send in your form as soon as possible!

Please complete this form and return it to: Attn: Shani Kadis/ Tifereth Israel/ 1354 East Broad Street/ Columbus, OH 43205. Make sure all signatures are properly affixed on the form and make your check payable to USY. Registration is not complete until we receive full payment.

LAST NAME: _____ FIRST NAME _____ MALE ___ FEMALE ___

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE #:(____) _____ E-MAIL: _____ BIRTHDAY: _____

NAME OF MOTHER/GUARDIAN _____ (____) _____ (____) _____ (____) _____
HOME PHONE BUSINESS PHONE CELL PHONE

NAME OF FATHER/GUARDIAN _____ (____) _____ (____) _____ (____) _____
HOME PHONE BUSINESS PHONE CELL PHONE

EMERGENCY NAME (NOT PARENT) _____ (____) _____ (____) _____ (____) _____
HOME PHONE BUSINESS PHONE CELL PHONE

DO YOU NEED WALKING DISTANCE TO SYNAGOGUE? Y N A KOSHER HOME? Y N A SHOMER SHABBAT HOME? Y N

HOUSING INFORMATION AND PREFERENCES:

CHECK ONE:

Yes, I need housing for the SATO Dance Weekend

No, I already arranged my housing. I am staying with _____,

and their phone number is _____.

YOUR SYNAGOGUE _____ GRADE _____ VEGETARIAN? _____ VEGAN? _____

SPECIFY ANY FOOD OR OTHER ALLERGIES _____

****PLEASE GIVE TRAVEL
DETAILS**

***PLEASE REMEMBER YOU ARE RESPONSIBLE FOR YOUR OWN TRANSPORTATION AND YOU MUST ARRIVE BEFORE SHABBAT!**

HEALTH INS. CO. _____ POLICY # _____ INSURED'S NAME _____

If your child has any medical problem (s) we should be aware of attach a note to this form. If there is any change prior to the event, please notify the regional office.

SPECIAL NEEDS _____ ALLERGIES _____ ALLERGIES TO MEDICINE _____

CURRENT MED & REASON TAKING MED _____ CHECK IF SENT _____ NAME OF DOCTOR _____ (____) _____
PHONE

MEDICAL POLICY: in case of medical and/or surgical emergency, I hereby give permission to the physician selected by the regional director or his or her designee to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT SIGNATURE _____

**SEE OTHER SIDE FOR BUCKUSY CODE OF CONDUCT
– BOTH SIGNATURES ARE REQUIRED!!**

~OVER~

CODE OF CONDUCT FOR **BUCKUSY EVENTS**

I make these commitments so that I, the chapter that I represent, and the congregation that made it possible for me to attend will gain the maximum benefit from my presence at the event, while also providing for a safe and enjoyable experience for all. All convention rules apply from the time I leave home until my return.

1. I will observe kashrut and Shabbat in accordance with the practices as defined by the law and standards committee of the rabbinical assembly.
2. I represent my chapter and my congregation and I will maintain proper behavior with regard to interpersonal relations (including language, sex and general behavior) and personal attire.
3. If I am a male, I will wear my kippah at all functions. If I am a bar mitzvah, I will wear tallit and tefillin when appropriate. A female may do so if it is her custom.
4. I will attend the event in its entirety unless excused in advance by the BUCKUSY chapter advisor. I will attend all Shabbat programming.
5. I will not be involved in illegal behavior, or cause harm to myself or my fellow USYer (such as use or possession of alcohol, drugs or any other mind altering substance, tobacco, fireworks or firearms). I understand that my room or cabin or suitcases may be searched if there is suspicion of possession and/or use of any of the above said illegal substances or materials.
7. I will assume all responsibility for any damage to property that may be caused by my actions, intentional or not, including costs of repair or replacement of said property.
- 8 I will use only approved USY transportation to, from, and during any USY event.
9. I will reside only in my assigned housing.
10. I will be at my assigned housing or room at curfew, and will remain there until the next scheduled event.
11. I will not associate with anyone not registered for this event, including friends or relatives, without the prior consent of the regional director.
12. I will listen to and cooperate with staff and my host family at all times.
15. I understand that my violating any of the above commitments can result in disciplinary action, which may include being sent home at my or my parent's expense.

USYer's signature _____ Date _____

I have read the above commitments and have discussed them with my child. I accept all responsibility for my child's actions, and realize that my child and I are responsible for all expenses incurred should my child be sent home, due to illness or for any other reason during the event, or for any damages that may occur from my child's actions. I acknowledge the disciplinary rules and procedures outlined above and will abide by decisions reached in accordance therewith. I also have read and understand the medical policy.

Parent or guardian's signature _____ Date _____

BUCKUSY code: adopted & amended January 4th, 2002