

SHMGGZER

WHAT'S COMING UP IN USY...

- USY Program October 16th from 7:10-10:30pm
- USY Annual Play
 - *November 18th at 7pm
 - *November 20th at 7:30pm (USY Night)
 - *November 21st at 2pm
- KINNUS 2010 November 25th-28th
(applications due October 25th)

VALLEYS CARE

Knock, knock
Who's there
Boo
Boo Hoo

No need to cry you can come with BERUSY to :



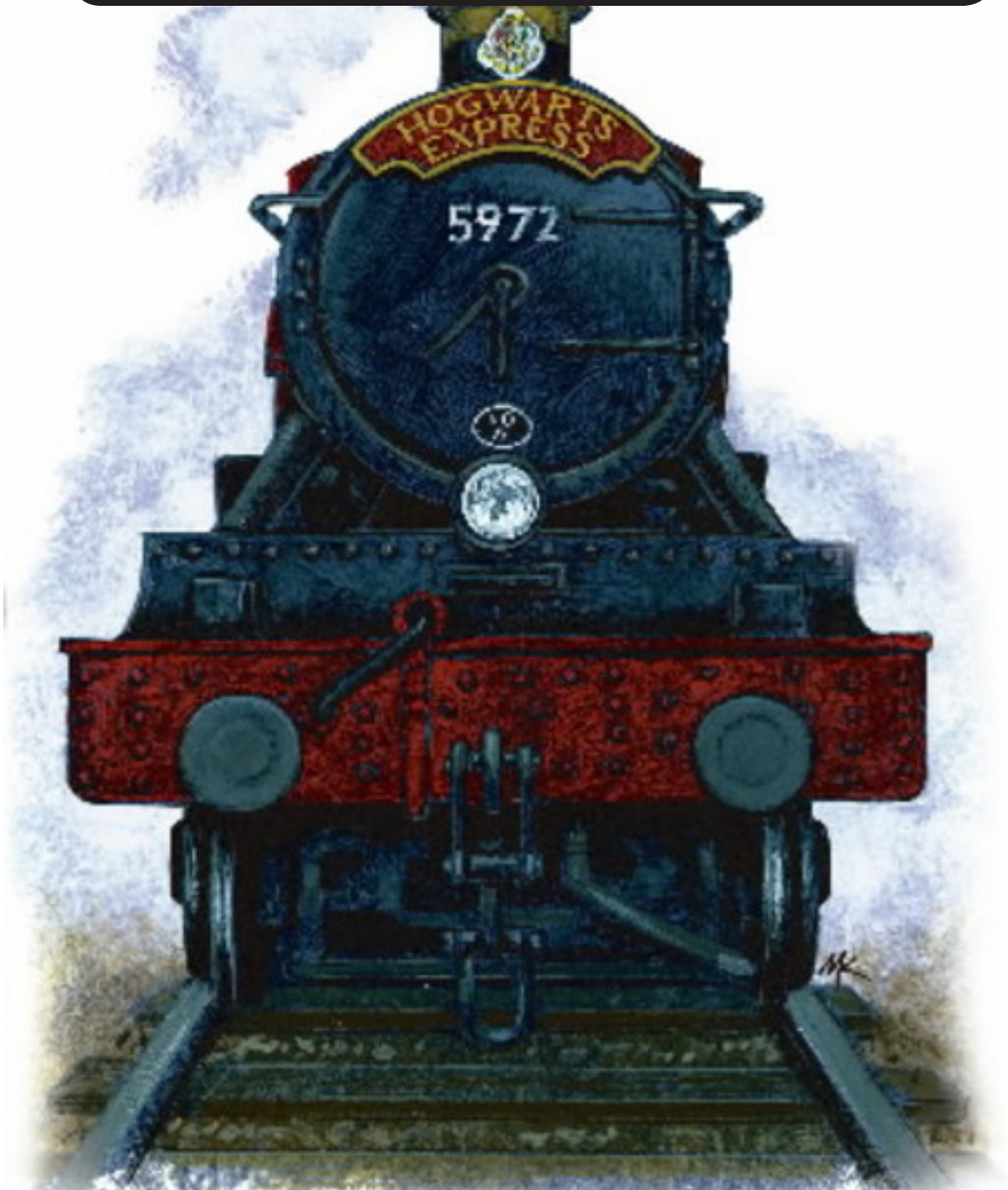
We will start with Havdallah at 7:10PM and be
back at Beth El by 10:30PM
COST: \$25

RSVP by: October 10th to amy@bethelusy.org or
by phone at (952)-456-1531

KINNUS 2010

Kinnus is just around the corner. Hop on your Quidditch sticks and cast your spells. Don't forget to meet at the gate, gate 9 $\frac{3}{4}$ don't be late.

Mail or turn in your application, consent form, and payment to the Beth El Synagogue office by October 25th. If you have any Questions call (952)-456-1531 or email Amy at amy@bethelusy.org



USY Registration Fee: \$340

USYer Application Due Date:
October 25th

CHAPTER:
BERUSY

**EMTZA Region USY Kinnus
Harry Potter and the EMTZA Hallows
Hilton Hotel
Minneapolis, MN
November 25th -28th , 2010**

Name _____ Hebrew Name _____ Sex _____

Address _____

& Street

City / State

Zip

E-mail Address _____ Phone (____) _____ Birthday _____

Grade _____ T-shirt size: S M L XL XXL Bar/Bat Mitzvah Parsha _____

Are you a vegetarian? ___ Yes ___ No If yes, do you eat chicken? ___ Turkey? ___

Dad's Hebrew Name _____ Mom's Hebrew Name _____

Mother/Guardian _____ Work Phone(____) _____

Father/Guardian _____ Work Phone(____) _____

Parent E-mail Address _____

In an emergency, notify _____ Phone(____) _____

Medical Insurance Company & Policy Number _____

Current Medication _____ Check if being sent _____

Allergies _____

Physician _____ Phone(____) _____

Rooming: Please make sure to write the names of four people with whom you would like to be roomed. Every attempt will be made to room each USYer with at least one of his/her choices. Remember all rooming decisions are final. There are no room changes! I would like to be roomed with:

1. _____ Chapter _____

2. _____ Chapter _____

3. _____ Chapter _____

4. _____ Chapter _____

Will you ride the elevator on Shabbat? (circle one) YES NO Are you a member of Heschel? YES NO

I can lead the following services (please circle):

Weekday: P'sukei D'Zimra Shaḥarit Minḥa Maariv

Shabbat: P'sukei D'Zimra Shaḥarit Musaf Maariv Kabbalat Shabbat

Read Torah Read Haftorah Be a Gabbai Lead Birkat Hamazon Lead Hamotzi Lead Kiddush

My child has my permission to attend the Emtza Region USY Kinnus. In case of emergency, I give the adult in charge my permission for medical treatment to facilitate immediate emergency action. I hereby authorize the medical personnel to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby authorize the physician to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. I understand that I shall be responsible to pay for any medical care rendered to my child while attending this USY function.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: CODE _____ CONSENT _____ INS. _____ CK# _____

AMOUNT _____

CENTRAL DISTRICT, UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
DEPARTMENT OF YOUTH ACTIVITIES
CHUSY, CRUSY, EMTZA and SWUSY USY/KADIMA REGIONS
601 SKOKIE BOULEVARD, SUITE 402
NORTHBROOK, IL 60062
847.714.9130 847.714.9133 FAX

CONSENT, AUTHORIZATION AND RELEASE

NAME: _____, ("MINOR") DATE OF BIRTH _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is given to The United Synagogue of Conservative Judaism, its Central District, and Department of Youth Activities (collectively "USCJ/USY") headquartered in Northbrook, Illinois, in connection with my child's participation in a Regional USY/Kadima Activity ("Scheduled Activity").

PLEASE READ AND INITIAL EACH PARAGRAPH AFTER THE PARAGRAPH NUMBER TO SHOW YOUR CONSENT AND THEN SIGN AND DATE THE BOTTOM OF THIS PAGE.

INITIAL

- 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 USCJ/USY, its agents, Board of Directors, employees, representatives, and legal counsel, 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.
- 8. ___ I give USCJ/USY permission to use any photographic, video or audio representations of my minor that may be taken during the Scheduled Activity, be it in print, in Internet materials, or in other media produced by USCJ/USY for publicity, promotional, or any other purposes without further permission.

I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE; I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND A LICENSED PHYSICIAN AS I DEEMED NECESSARY BEFORE SIGNING THIS DOCUMENT; I HAVE RETAINED A COPY OF THIS DOCUMENT FOR MY RECORDS; AND I HAVE VOLUNTARILY SIGNED THIS CONSENT ON _____, 20_____.

Signature _____
Revised 9/10

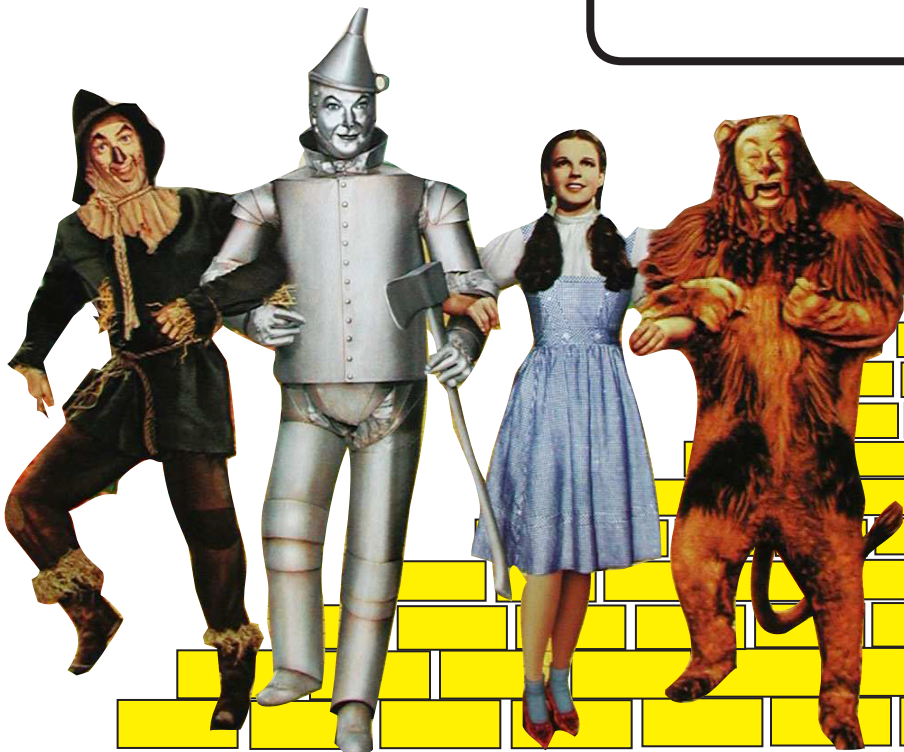
Relationship to Minor _____

THE WIZARD OF OZ

Follow the yellow brick road all the way into Beth El to watch USY put on The Wizard of Oz. Watch Dorothy find her way through OZ and back to Kansas.

Performance Dates:

- **Thursday November 18th, 7PM**
- **Saturday November 20th, 7:30PM**
- **Sunday November 21st, 2PM**



It waves. - Petal - a watchdog - you crack it up

How do you get a peanut to laugh?

What goes tick-tock, woof-woof?

What did the flower say to the biker?

How can you tell the ocean is friendly?

Beth El USY

5224 W. 26th Street

St. Louis Park, MN 55416