United Synagogue Youth
Seaboard Region

121 Congressional Lane Suite 210
Rockville, MD 20852

SEABOARD REGION
USY and Kadima Kings Dominion Day
Sunday, April 19, 2009
Deadline: April 3, 2009
Cost:
$63 for participants from Maryland, DC & Northern Virginia (transportation provided by Seaboard Region)
$33 for participants from Richmond, Raleigh, Durham & Tidewater (transportation coordinated by your synagogue)

Name: _____ Gender: ❑ Female ❑ Male

Address: _____ City, State, ZIP: _____

Home Phone: ( ) _____ Chapter: _____ Grade: _____

Participant's Email: _____ Parent's Email: _____

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

Father's Name: _____

Father's Cell Phone: _____ Father's Home Phone: ( ) _____

Mother's Name: _____

Mother's Cell Phone: _____ Mother's Home Phone: ( ) _____

Emergency Contact Information: Please provide the following information for a person who can be called in an emergency when **neither parent** can be reached.

_____	_____	_____
Name	Relationship	Phone

Insurance Information:

Name of Insurance Company:_____ Policy Number:_____

Parental Consent

I hereby give my son/daughter, _____, permission to attend the 2009 Seaboard Region USY and Kadima Kings Dominion Day. I understand that all necessary safety precautions, chaperons, and insurance have been arranged by the Region.

I understand that I am liable for all damage caused by my child to Kings Dominion and/or the property of others, and will reimburse United Synagogue, Seaboard Region for such claims as determined by the Regional Youth Director.

I agree to hold harmless and indemnify the Seaboard 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 Seaboard Region USY and Kadima Kings Dominion Day.

Furthermore, in the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the convention 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.

_____ _____

Signature of Parent/Legal Guardian Date

Once complete, please mail your application and payment to:
Kings Dominion Day, 121 Congressional Lane, Suite #210, Rockville, MD 20852
Please make checks payable to "Seaboard Region USY"

Unfortunately, we are unable to issue any refunds after April 3, 2009.