## 6010 Executive Blvd, Suite 705 Rockville, MD 20852

## **SEABOARD REGION**

## **USY and Kadima Kings Dominion Day**

Sunday, April 6, 2014

Deadline: March 24, 2014

<u>Cost:</u> \$72 for participants from Maryland, DC & Northern Virginia (transportation provided by Seaboard Region) \$41 for participants from Salisbury, Richmond, Raleigh, Durham & Tidewater (transportation coordinated by your synagogue)

Name:		Gender: ☐ Female ☐ Male
Address:	City, State,	ZIP:
Home Phone: ( )	Chapter (Synagogue):	Grade:
Participant's Cell Phone: ( )	Participant's Ema	ail:
		ntact your parents in the case of an emergency.
Parent 1 Name:		me:
Parent 1 Home Phone: ( )		ome Phone: ( )
Parent 1 Cell Phone: ( )		ll Phone: ( )
Parent 1 Email:	Parent 2 Em	ail:
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 & Medical Information:		
Name of Insurance Company:	Policy	Number:
Do you have any medical conditions or speci	al needs ( <b>including allergies</b> )?	IY 🗆 N
If yes, please list:		
chaperone their group. Please answer the fol 1. Please list up to 3 other 6 <sup>th</sup> /7 <sup>th</sup> graders you		_
2. What type of rides do you like to ride?		N. D.H. G. e. D'I
<ul><li>□ Roller Coasters (medium)</li><li>□ Roller Coasters ("extreme")</li></ul>		Non-Roller Coaster Rides No Rides
3. Please select one:		No Mues
	ds. $-\underline{\mathbf{OR}} - \square$ I'd rather be groupe	ed with people who like the same kind of rides as I do
PARENTAL CONSENT		
I hereby give my son/daughter, all necessary safety precautions, chaperons, and insurance	, permission to attend the 2014 Seaboar ce have been arranged by the Region.	rd Region USY and Kadima Kings Dominion Day. I understand the
I understand that I am liable for all damage caused by Region for such claims as determined by the Regional Y		property of others, and will reimburse United Synagogue, Seaboa
		e Judaism and the United Synagogue of Conservative Judaism fro his/her participation in the Seaboard Region USY and Kadima Kin
		he physician selected by the Regional Youth Director to hospitalization. Of course, in the event of an emergency, every effort will
photographs taken may be used both for purposes of re	porting on the event or for such other use	graphed by either amateur or professional photographers and that the use of the use of the pictures just referred to find the use of the pictures is the second to the use of the pictures is the use of the use of the pictures is the use of th
Signature of Parent/Legal Guardian	Date	

Once complete, please mail your application and payment to:
Kings Dominion Day, 6010 Executive Blvd, Suite #705, Rockville, MD 20852

Please make checks payable to "Seaboard Region USY"