

REGISTRATION/PERMISSION FORM

Please complete the form entirely. Duplicate as needed. Incomplete forms will not be processed. NO FORMS ACCEPTED VIA FACSIMILE.

Name of Junior _____

Preferred name for Nametag _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Unit Name & Number _____

Name of Hotel Junior is staying _____

Please lists any food allergies/dietary restrictions _____

Date of Birth _____

As a junior member of the American Legion Auxiliary, Department of West Virginia, I am aware of my responsibility in attending the _____. I agree to conduct myself in a manner that will positively reflect on my Unit, the Department, my family and me. I further agree to abide by the rules established for the Junior Meeting. I understand that failure to abide by rules set forth for the Annual Junior State Convention will result in removal from all sessions and activities.

Date

Signature of Junior Member

EMERGENCY CONTACT INFORMATION:

Chaperone during the Department Junior Meeting _____

Note: Emergency contact person should accompany participating junior member to registration to provide a telephone and location for contact in case of an emergency during the actual time of the meetings.

Chaperone Emergency Contact Phone Number _____

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This certifies that we (I) the undersigned parents (s) or guardian (s) of _____
In Unit _____, in event of our (my) child participates
in the American Legion Auxiliary Annual Junior _____ held in _____ West Virginia
at _____, hereby consent and grant permission, should be necessity of medical care arise, to the
furnishing or medical treatment and hospital service as ordered or recommended by a qualified
physician, including the administration of an anesthetic, laboratory procedures, medical or surgical
treatment, X-ray examination or other hospital services.

We understand that the Unit named above has sole responsibility for registration, housing, food,
chaperoning, and emergencies of any nature. We further understand that each junior member
attending the Annual Junior _____ must be chaperoned by someone over 21 years old
or older.

The chaperone should accompany the junior to registration to provide information on location and
telephone number where she can be reached in case of an emergency.

WAIVER OF CLAIM

This further certifies that we (I) the undersigned in consideration of the benefits to be derived by our
child, in the event that she is a participant of the American Legion Auxiliary Annual Junior
_____ held in _____ West Virginia at _____ on
_____ 202__ (inclusive), do hereby release and discharge the American Legion Auxiliary,
its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions
or causes of action which we (I) may, can, or shall have by reason of any illness, injury, or accident
incurred or suffered by said child while traveling to, attendance at or participation in the American
Legion Auxiliary Annual Junior _____ held in _____ West Virginia,
_____ 202__ from the time of her departure from home until return thereto.

INSURANCE INFORMATION *(to be completed only if parent (s) carries a group medical insurance plan)*

Name of parent (s) Group Medical Insurance Carrier _____

Policy/Certificate Number _____

Parent to whom Policy was Issued _____

Employer to who Policy was Issued _____

Printed Name of Mother or Guardian _____

Signature of Mother or Guardian _____

Signature of Father or Guardian _____

PARTICIPANT MEDIA AND COMMUNICATION RELEASE FORM

I _____ am a participant in the American Legion Auxiliary Annual Junior _____ held in _____ West Virginia, at the _____ (inclusive) to be used, published, and copied by the American Legion Auxiliary and its assignees in medium.

I release the American Legion Auxiliary and its assignees, designees and agents of the organization from any and all claims and demands arising out of or in connection with the use of recordings, documents, film and other accounts of my participation at the American Legion Auxiliary Annual Junior _____ to be held in _____ West Virginia at _____ July 8, 202____ (inclusive) and including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature _____
Date _____

Printed Name _____

Signature of Parent/Guardian _____
Date _____

Printed Name _____

Parent/Guardian Daytime Phone Number (_____) _____
Parent/Guardian Nighttime Phone Number (_____) _____

Alternative Contact in case of Emergency (_____) _____

ALL SIGNATURES MUST BE ON THIS FORM

This registration/permission form must be completed for every junior member attending the Annual Junior _____ . 20____

Guardian _____

Dated this _____ day of _____, 20____

Parent/Guardian Mailing Address _____
City, State, Zip _____