

AMERICAN LEGION AUXILIARY DEPARTMENT OF NORTH CAROLINA JUNIOR MEETING PERMISSION/HEALTH FORM

All attendees MUST complete this form entirely. Duplicate form as needed. Incomplete forms will be returned. Forms must be returned with Unit Registration form.

Attendee Name: _____
First Last Preferred Name for Nametag Age

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Number: _____ E-mail: _____

Date of birth: _____ Membership Identification Number: _____

Unit Name and Number: _____ Advisor: _____

Emergency Contact Name and Phone Number: _____

On a separate paper list food allergies/dietary restriction/or medical conditions. The facility DOES NOT provide any gluten free foods. If you require special foods, arrangements will be made for you to bring your own.

Consent to Medical Treatment and Hospital Services

This certifies that we (I), the undersigned parent or guardian(s) of _____ do, in the event that our (my) child participates in the ALA Department of NC Junior Meeting to be held at _____, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, X-ray examination or other hospital services.

We understand the department named above has sole responsibility for registration, housing, food, and emergencies of any nature at the Department of NC Junior Meeting. We further understand that each junior member attending the meeting must be chaperoned by someone 18 year or older. We also understand that the chaperone should accompany the junior to registration at said facility and attend all activities prepared for the juniors.

Waiver of Claim

This further certifies that we (I), the undersigned, in consideration of the benefits to be derived by our child/myself. In the event that she/I is/am a participant of ALA Department of NC Junior Meeting to be held at _____, (inclusive), do hereby release and discharge the ALA, 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/myself while traveling to, attendance at or participation in the ALA Department of NC Junior Meeting at said location and dates above, from the time of her/my departure from home until her/my return thereto.

INSURANCE INFORMATION

Name of parent(s) group medical insurance carrier _____
 Policy/Certificate No. _____

Parent to whom	Employer to whom
policy was issued: _____	policy was issued: _____

Printed Name of Mother or Guardian _____
 Signature of Mother or Guardian _____

Printed Name of
Father or Guardian _____

Signature of
Father of Guardian _____

Dated this ____ day of _____, 20__

SIGNATURE NOTARIZED BY:

SEAL/STAMP

Printed Name of
Notary: _____

Signature of
Notary: _____

My commission Expires: _____

PARTICIPANT MEDIA/COMMUNICATION RELEASE FORM

I, _____, am a participant in the ALA Department of NC Junior Meeting to be held at _____ (inclusive).

I hereby grant to the ALA my absolute and irrevocable consent for any photograph(s), video, film and audio tape taken of me during my participation at said meeting during said dates listed in this document, (inclusive), to be used, published and copied by the ALA and its assignees in any medium.

I release the ALA, 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 ALA Department of NC Junior Meeting held at place and dates listed in this document, (inclusive), including but not limited to , any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature: _____ Date: _____
Attendees Name

Printed name: _____

Signature of Parent/Guardian/Self: _____

Printed Name: _____ Date: _____

ALL SIGNATURES MUST BE ON THIS FORM AND ALL MUST FILL OUT THE FORM!

This Permission Form must be completed for every Junior/Senior member attending the Department of North Carolina Junior Meeting. It should be brought to Junior Meeting. No Juniors/Seniors will be allowed to attend without this form.