

2017 IOWA AMERICAN LEGION AUXILIARY JUNIOR CAMP - WAIVER OF PARENTS/GUARDIAN

JUNIOR CAMP APPLICANT'S FULL NAME _____

UNIT TOWN _____ **UNIT NUMBER** _____

In consideration of the instructions and training to be given to my daughter as a camper of Iowa American Legion Auxiliary Junior Camp, to be held at the **Christian Conference Center, Newton, IA, June 4-9, 2017**, we do hereby give permission for her to participate in any field trip which may be scheduled as part of the Junior Camp Program and give permission for any medical service deemed necessary for care of illness or accident.

We hereby release and discharge the Iowa American Legion Auxiliary, Inc., its officers, agents, instructors, and employees, from any and all claims, demands, damages, suits, actions, or causes of action reason of any illness, injury, or accident incurred or suffered by my daughter while in attendance at said Iowa American Legion Auxiliary Junior Camp - 20167 no matter how caused or occasion.

This form and the \$125 check is to be sent to the Department Office by April 1, 2017. NO EXCEPTIONS! Any refunds must be requested by April 30, 2017 on the form that is online listing requests for refunds. The \$125.00 fee will not be refunded if the Junior Camper does not attend Junior Camp or leaves the Junior Camp program early. All forms are found on the American Legion Auxiliary website. Please make a copy of this form for your records.

Signature of Parent/Guardian **e-mail** **Date**

Signature of Junior Camper **e-mail** **Date**

PHOTOGRAPH/NAME PERMISSION

Iowa American Legion Junior Camp may use the Junior Camper's photographs and/or name in Junior Camp or Iowa American Legion Auxiliary publications and website. PLEASE NOTE: No personal information such as address/phone numbers/e-mail addresses are included with web published names. Please complete the following:

_____ I do agree to allow _____ (Girls Name) name and photo to be used in any material regarding Iowa Junior Camp.

_____ I do not agree to allow _____ (Girls Name) name and photo to be used in any material regarding Iowa Junior Camp.

Signature of Parent/Guardian **Date**

Mail this form and your check for \$125.00 by April 1, 2017 to:
American Legion Auxiliary, Department of Iowa, (Junior ALA Camp)
720 Lyon Street, Des Moines, IA 50309 **Note: No refunds will be given after April 30, 2017.**
*Camper must be checked in and checked out by parent/guardian.
*Arrival must be between 6:00 and 7:00 p.m. on Sunday June 4, 2017.
*Departure must be no later than 1:00 p.m. on Friday, June 9, 2017 but after Junior Convention.

_____ I will ride home with my parents _____ I will drive myself (car keys to be left with Director)

_____ I will ride home with another adult (name) _____ (relationship) _____