

**WASHINGTON STATE GRANGE
YOUTH WEEKEND
MARCH 31-APRIL 2, 2017**

The 2017 Youth Weekend will be held at Lewis & Clark State Park, near Toledo in Lewis County. Youth Weekend is open to all youth, ages 14-35. There is no fee for participants. Everyone must have a registration and medical release form (available on the State Grange website) that is current for 2017. Please send all completed forms to Jerry Gwin; forms must be postmarked by March 15.

We maintain a zero tolerance policy on alcohol, tobacco, drugs, and weapons. Once a youth member arrives at the conference, they will stay with the group until they leave to go home, unless absence has been preapproved by both the youth director and a parent. This includes the use of cars. Those participants over 18 years of age may drive themselves and siblings. Violators will be sent home. Please bring a sleeping bag and anything else you will need for the weekend – we will be sleeping in the Grange Hall. Bring your own toiletries.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Sponsoring Grange _____ County _____

Date Joined _____

I have read and agree to the above rules.

Parent Signature _____

Youth Signature _____

Send registration forms to:

Jerry Gwin, Youth Director
PO Box 14
Humptulips, WA 98552

WASHINGTON STATE GRANGE
PARENTAL RELEASE AND MEDICAL CONSENT FORM
(Please print or type information)

THIS FORM SHOULD BE KEPT BY THE PERSON IN CHARGE DURING THE ACTIVITY.

Activity _____ Date _____

Grange _____

Member's Name _____ Birthdate _____

Mailing Address _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Emergency Contact Person _____

Name

Phone

Relationship

Address (if different than above) _____

Medical Insurance Company _____ Group #s _____

IF YOU HAVE NO INSURANCE, CHECK HERE _____

I hereby agree to release the Grange, the representatives, agents, servants and employees from liability for any injury to above named person resulting from any cause whatsoever occurring to above named person at any time while attending the Grange event, including travel to and from the event, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees. I further agree to allow the Grange to use photographs of my child taken at the event for press, brochure, or publicity purposes.

Parent/Guardian Signature _____ Date _____

I do voluntarily authorize the Grange representative to administer and/or obtain routine or emergency diagnostic procedures and/or routine or medical treatment for the above named person as deemed necessary by medical judgment.

Parent/Guardian Signature _____ Date _____

Notary's Signature (not required for attendance) _____ Date _____

MEDICAL INFORMATION

This form is for basic information in case of an emergency, liability release, and an authorization of emergency medical treatment. Every effort will be made to contact parents/guardian prior to any medical treatment. NOTE: Most medical facilities will not perform medical treatment on minors without parental consent or legal authorization.

Do you have any known allergies? ____no ____yes If yes, what are you allergic to? _____

Do you have any history of allergies, heart conditions, diabetes, asthma, epilepsy, rheumatic fever or other existing medical conditions?
Explain. _____

Do you have any physical restrictions or conditions that the advisor/chaperone should be aware of? ____no ____yes. If so, explain _____

THIS PERMISSION FORM IS VALID FOR ONE YEAR FROM THE DATE SIGNED.