

**Virginia Job's Daughters
2011-2012 LEADERSHIP WEEKEND
BETHEL REGISTRATION***

Bethel # and Location:		Bethel Guardian:	
Bethel Guardian phone #:		Bethel Guardian email:	
ATTENDEE INFORMATION			
(1) Name:		Age:	Birth Date: / /
Address:			
E-mail :		Home Phone:	Cell Phone:
Any Dietary Restrictions?			
Please describe any health concerns and current medications:			
How long have you been in Jobies?		Current Office:	PHQ: Yes <input type="checkbox"/> No <input type="checkbox"/>
T-shirt Size (check one) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>			
(2) Name:		Age:	Birth Date: / /
Address:			
E-mail :		Home Phone:	Cell Phone:
Any Dietary Restrictions?			
Please describe any health concerns and current medications:			
How long have you been in Jobies?		Current Office:	PHQ: Yes <input type="checkbox"/> No <input type="checkbox"/>
T-shirt Size (check one) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>			
ADDITIONAL ATTENDEE INFORMATION (Petition Signers)			
Name:		Age:	Birth Date: ___/___/___
Address:			
E-mail:		Home Phone:	Cell Phone:
Any Dietary Restrictions?			
Please describe any health concerns and current medications:			
How long have you been in Jobies?		Current Office:	PHQ: Yes <input type="checkbox"/> No <input type="checkbox"/>
T-shirt Size (check one) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>			
Petition #1 name and initiation date: _____			
Petition #2 name and initiation date: _____			
And:			
Name:		Age:	Birth Date: ___/___/___
Address:			
E-mail:		Home Phone:	Cell Phone:
Any Dietary Restrictions?			
Please describe any health concerns and current medications:			
How long have you been in Jobies?		Current Office:	PHQ: Yes <input type="checkbox"/> No <input type="checkbox"/>
T-shirt Size (check one) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>			
Petition #1 name and initiation date: _____			
Petition #2 name and initiation date: _____			
And:			
<p>PLEASE SUBMIT NO LATER THAN FEBRUARY 1, 2012. Leslie Hoglund – 2309 Woodcrest Drive – Lynchburg, VA – 24503 PHONE: 434.944.5116 EMAIL: leslie.hoglund@gmail.com</p>			
<p><i>*All Bethel Registrations should be accompanied by a media release form, health form, and medical authorization release form for each daughter.</i></p>			

Job's Daughters International
Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Jobs Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. Please check the paragraph below which is applicable to your present situation:

_____ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I ***do not*** wish to have photos printed or displayed of my daughter and respectfully request that she be kept out of all Job's Daughters photos, group shots and photos taken at community and fun activities whenever possible. Although attempts will be made to remove my daughter from photos taken at Job's Daughters' activities, I fully understand that Job's Daughters International and its subordinates are not responsible for photos taken by individual adults and other members of the Order.

Date: _____ Bethel No. _____ Location _____
(City/State/Province)

Name (please print): _____

Address: _____
(Street) (City) (State/Province) (Zip/Postal Code)

Signature: _____

Signature of parent or legal guardian _____
(if under 20 years of age)

A copy of the form should be kept in the permanent files of the Bethel and a copy sent to:

Job's Daughters International
233 W. Sixth Street
Papillion, NE 68046-2210
Phone: 402-592-7987
Fax: 402-592-2177
Email: sgc@iojd.org

2012 Leadership Weekend Health Form

Please fill this out and send it in with your Bethel Registration. This form must be completed and returned in order to attend Leadership Weekend. A daughter may not attend without this form on file with the Leadership Committee.

Daughter's Name _____ Bethel # _____

Home Phone Number _____

Best Number for Emergency Contact (other than home) _____

Allergies to:

Medications _____

Food _____

Special Health Concerns: _____
(Examples: Asthma, Epilepsy, Diabetes, Heart Disease, Sleep Walking, conditions for continuing medical care, etc.)

Medication presently taking and brought with daughter:

Name- _____	dose _____	time _____
Name- _____	dose _____	time _____
Name- _____	dose _____	time _____
Name- _____	dose _____	time _____

These medications may be self administered. **Yes** **No**

The Leadership Staff Nurse will control and administer these medications. **Yes** **No**

This daughter has had the following (check only those that apply):

Ear Infections Chicken Pox Tonsillitis Mumps Measles ADD/ADHD

Physicians Name _____ Phone # _____

Have there been any traumatic experiences or any stresses we need to know about that might affect your child? **Yes** **No** Please explain, if so.

Parent or Guardian's Signature _____

Date _____

Carefully Read and Sign this Medical Authorization

I hereby consent and authorize the Leadership Committee of the Grand Guardian Council or their designee to authorize any medical treatment deemed necessary in the event of any injury sustained by _____ while participating in an activity during the Leadership Weekend, May 4 – 6, 2012, at Jamestown 4-H Center, Williamsburg, VA.

I hereby authorize the Leadership Committee of the Grand Guardian Council or their designee mentioned adults to consent to appropriate medical care and treatment (in loco parentis) should I be unavailable to render such consent for _____.

I covenant and promise to pay for all medical and liability expenses for bodily injury, rescue, or property damage incurred by _____ during the Job's Daughters Leadership Weekend, May 4 – 6, 2012, at Jamestown 4-H Center, Williamsburg, VA.

Insurance Policy # _____

Carrier _____

My signature below indicates that I have read this entire document, understand it completely agree to be bound by its terms, and declare this information I put on this form to be true.

Signature of Parent/Guardian _____

Print Name _____ Date _____