

2012 JUNIOR CONFERENCE INFORMATION

Junior Conference will be held April 27, 28, and 29, 2012, at Forest Home, in Forest Falls, CA

THEME: Our Juniors will be working and learning about our Auxiliary programs at Junior Conference. This year our Department President Linda has chosen "Hats off to the American Legion Family Volunteers" as her theme and keeping that in mind our theme at Junior Conference will be "OK Corral Busting Broncos Riding Into The Sunset As We Close Our Junior Year".

AGENDA FOR THE CONFERENCE

- Friday:** Registration, opening Session, Get acquainted time, Flag Retirement Ceremony, and Camp Fire Activities
- Saturday:** Music lessons (presentations) from Department Senior Chairman and Junior Officers and Chairmen. Nomination and Election of officers for 2011 – 2012
- Sunday:** Memorial Service, Graduation Ceremony (if necessary), Installation of newly elected officers, closing session.

SPECIAL NOTICE

1. The nurse will need the prescription bottle if you are taking any kind of medication.
2. Your Senior Unit President or Parent must complete and sign your Community Service Certification form.
3. **ALL PERMISSION SLIPS MUST BE COMPLETED, SIGNED BY PARENT OR GUARDIAN AND SENT TO THE DIRECTOR BY THE DEADLINE DATE GIVEN (MARCH 1, 2012).**
4. Fill out 2 (two) copies of the PARENTAL CONSENT FORM. One is to be sent to the Junior Conference Director and the other is to be given to the transportation chaperone.

MUST BRING THE FOLLOWING

Jr. Membership Card	Dress for Installation	Towels	Pillow
Working Flashlight	Wash Cloth	Money (not to exceed \$15.00)	Sleeping Bag
Camera / Film	Shampoo, bath soap	Toothbrush / paste	Comfortable Shoes
Hairbrush / Comb	Warm Jacket / Coat		

Please be sure you bring comfortable and **appropriate** clothing (no daisy duke shorts or tops)

BRING YOUR CREATIVITY AND DESIRE TO LEARN ATTITUDE!!!

Cell phones, personal CD players, iPods, MP3 players will be allowed **but they are only to be used during free time**. If you abuse this privilege you will have the device taken from you and returned only during the appropriate times. All of these items are the sole responsibility of the owner. If they are lost or stolen the American Legion Auxiliary / American Legion Auxiliary Junior Conference will **NOT BE RESPONSIBLE** for reimbursement or replacement.

Junior Conference Director 2012
 Jacquelyn Cleveland
 13422 Mettler Ave
 Los Angeles, Ca, 90061
 (310) 516-9050
 Email: greenstro@sbcglobal.net



Reservation Form for Junior Conference

Junior Conference will be held at Forrest Home April 27,28,29, 2012

(Print)

UNIT NAME: _____ UNIT # _____ DISTRICT # _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE : _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ AGE: _____ WILL YOU BE GRADUATING? YES or NO
(CIRCLE ONE)

SIGNATURE OF PARENT OR GUARDIAN: _____

CONFERENCE FEES: \$125.00. Make checks payable to ALA, Dept. of Calif. Earmark Jr. Conference & enclose with this reservation packet.

The deadline to cancel this Conference reservation is MARCH 20, 2012. Following this date NO REFUND will be made unless it is an emergency.

MAIL RESERVATION FORMS & CHECKS TO:

Jacquelyn Cleveland
Jr. Conference Director
13422 Mettler Ave.
Los Angeles, CA, 90061

ONE SET OF FORMS FOR EACH JUNIOR MEMBER

RESERVATION DEADLINE IS MARCH 1, 2012



PARENTAL CONSENT FORM

ONE COPY MUST BE SENT TO DIRECTOR & ONE COPY GIVEN TO CHAPERONE.

I permit my daughter , who is a member if the American Legion Auxiliary Unit # _____, District # _____, to attend the Department of California Junior Conference at Forrest Home, 40000 Valley of the Falls, Forrest Falls, CA, 92339 from April 27th to 29th, 2012 (3days, 2 nights)

My daughter is 10 years old or older. My signature on this consent form releases the American Legion Auxiliary of any responsibility for accidents or illness resulting from this Conference, during this Conference, en route to or from. **IN CASE OF EMERGENCY, THE PERSON IN CHARGE MAY TAKE MY DAUGHRRER TO THE NEAREST FACILITY FOR TREATMENT.**

MOTHER / FATHER / GUARDIAN

TELEPHONE # HOME: _____ CELL: _____

MEDICAL INSURANCE POLICY # (MANDATORY) _____

PLEASE ANSWER THE FOLOWING QUESTIONS:

Does your daughter know how to swim? _____

Do you allow your daughter to smoke? _____

Is your daughter under medication? _____ if yes, the MEDICATION MUST BE SENT IN

THE PRESCRIPTION BOTTLE WIOTH HER NAME ON IT. It will be given to the nurse, as not girl at the Conference may have medication on her person. The nurse will give medication when needed.

IN CASE OF EMERGENCY, THREE (3) NAMES / NUMBERS WHERE PARENT / GUARDIAN MAY BE REACHED

Name _____ Phone # (s) _____

Address _____

Name _____ Phone # (s) _____

Address _____

Name _____ Phone # (s) _____

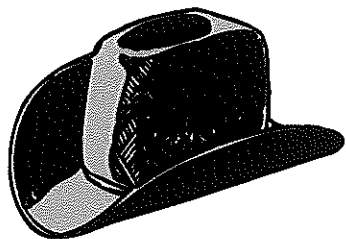
Address _____

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COMMUNITY SERVICE CERTIFICATION FORM

I do attest that _____ of Unit # _____
District # _____, has done five (5) hours of Community Service since May 2011, and has
paid her 2011 – 2012 dues.

Signed: _____
Unit President or Parent

TO PARENT / GUARDIAN

In the past, some Juniors who were selected as Delegates to National Convention were not able to attend or needed to call home to get permission. In order to avoid these problems, we need to know the following:

If your child is selected as a Delegate to the 2012 National Convention in Indianapolis, IN would this be a problem? The Department of California pays for round trip coach airfare and the Junior is allowed \$100.00 per day for the two days of the National Convention. Please mark the appropriate answer below:

_____ This would not be a problem.

_____ This would be a problem and I would rather she not be selected.

Juniors Name: _____

Parent / Guardian signature: _____ Date: _____

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YOUTH REGISTRATION & MEDICAL CONSENT FORM



In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Student Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp _____ Name of Church Group _____
 Status: _____ Camper _____ CCA _____ Counselor _____ KP _____ Grade (For summer camps, indicate grade in Fall) _____
 Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center _____ Ojai Valley _____
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____

Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or use them in other materials to promote Forest Home.

Please send me Forest Home Promotional Material via: Email Postal Mail Both

REQUIRED Medical Information:

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone (_____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (_____) _____

Name of Family Dentist _____ Phone (_____) _____

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If your child has ANY chronic condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES! If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____

Please List ALL Allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine. _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

IMMUNIZATIONS: Please fill in the immunization information below or attach a recent copy of your child's immunization record.

1. Are all immunizations up to date: Yes No
2. Polio (OPV or IPV)—Date: _____
3. DTP/DTap/DT/TD (*Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only*)—Date: _____
4. MMR (*Measles, Mumps, Rubella*)—Date: _____
5. Hepatitis B—Date: _____
6. Varicella (*Chicken Pox*)—Date: _____

PERSONAL BELIEFS AFFIDAVIT

I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Signature: _____

Date: _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian _____ **Date** _____