

**Application for the American Patriot Conference
May 14 - 17, 2009**

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ MALE _____ FEMALE _____

EMAIL _____ GRADE: 10 ___ 11 ___ 12 ___

SCHOOL _____

SPONSORING RURITAN CLUB _____

ADULT T-SHIRT SIZE: S___ M___ L___ XL___ XX___ 3X___

We (I) hereby give permission for the above name student participant to attend the Chesapeake Ruritan District's *American Patriot Conference* May 14 – 17, 2009 at Camp Hanover. We (I) hereby release and discharge Camp Hanover and the Chesapeake Ruritan District, their officers, members, employees and volunteers from any and all claims, demands, suits, actions, or causes of action which we (I) may or shall have reason to pursue as the result of any illness, injury or accident incurred or suffered by the above named participant at this conference and in the course of travel to and from, on tours and while on the premises of Camp Hanover no matter how caused or occasioned. I grant the Chesapeake Ruritan District irrevocable permission to record me, my image, during the American Patriot Conference and use the image(s) on the Chesapeake Ruritan web site or in publications used to promote Ruritan programs. I relinquish all rights and interests in these images and products in which they may be used.

We (I) have discussed the following provisions with the participant and he/she is aware of what is expected and willing to comply. Participants are expected to participate fully in the scheduled activities of this conference. Scholarship funds provided are contingent upon the participant attending and completing the program. Participants failing to meet these conditions, except due to circumstances beyond their control, will be required to repay the scholarship funds. Dress is expected to be clean, causal and respectable. Tours of local historical areas will require comfortable walking shoes and coats and/or umbrellas may be needed. There will be one "dress up" social event. Clothing that is not permitted includes the following: containing slogans or ads; muscle shirts; short shorts or skirts; midriff revealing wear; hats, and caps or bandannas while indoors. Public displays of affection are not permitted. Participants who drive to the conference are not permitted to drive during the conference. Firearms, live animals, and smoking are not permitted. Registered participants will be mailed a schedule, driving directions and a packing list approximately one week prior to the conference. Conference registration/check in runs from 5:00 pm to 7:00 pm on May 14 and the conference concludes at approximately 2:00 pm on May 17, 2008. Transportation arrangements are the responsibility of the parents or guardians.

This form and the HEALTH HISTORY FORM should be completed, signed and returned promptly to the sponsoring Ruritan Club.

Applicant's Signature

Printed Names of Parents or Guardians (Circle One)

Signature of Parents/Guardians

Date

American Patriot Conference Health History Form

May 14 – 17, 2008 at Camp Hanover

PRINT ALL INFORMATION

PARTICIPANT INFORMATION

Name: _____ Social Security # _____
Last First Middle (optional, may be needed if hospitalized)

Address: _____ Phone: (_____) _____
City: _____ Email: _____
State: _____ ZIP: _____ SEX: F ___ M ___ Age: _____ Birth date: _____

PARENT / GUARDIAN INFORMATION

Father's Name (or Guardian): _____
Father's Work Phone: (_____) _____ Work Email: _____

Mother's Name (or Guardian): _____
Mother's Work Phone: (_____) _____ Work Email: _____

Who has primary custody of the participant? _____

PHYSICIAN / INSURANCE INFORMATION

Family Physician's Name: _____ Phone: (_____) _____
Dentist / Orthodontist Name: _____ Phone: (_____) _____

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE? YES _____ NO _____
CARRIER: _____ Policy/ Group #: _____

PARENT / GUARDIAN EMERGENCY CONTACT INFORMATION

WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?
Location: _____ Phone: (_____) _____

IF YOU **CANNOT** BE REACHED WHO SHOULD BE NOTIFIED?
Name: _____ Phone: (_____) _____
Home Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

Work Address: _____ Phone: (_____) _____
City: _____ State: _____ ZIP: _____
Email: _____

IMMUNIZATION HISTORY			indicate the date of vaccination and/or the disease		
Immunizations	Last Year Received			Vaccination	Disease
Tetanus	_____	_____	Measles	_____	_____
Diphtheria	_____	_____	Mumps	_____	_____
Polio	_____	_____	Rubella	_____	_____
Other	_____	_____	Pertussis	_____	_____
			Chicken Pox	_____	_____

PARTICIPANT HEALTH AND MEDICAL HISTORY

1. Does the participant have any known allergies? (food, medicine, plants, animals, insects ,other)
YES NO if YES , please explain: _____

2. Has the participant ever experienced (or had special needs in) any of the following?
[Check (✓) all that apply]

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Seizure/Convulsions | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Other _____ | |

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?
YES NO if YES , please explain: _____

4. Has the participant undergone surgery, or experienced any injury , illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?
YES NO if YES , please explain: _____

5. Does the participant require a special diet (including vegetarian, dietary restrictions or allergies)?
YES NO if YES , please explain: _____

6. Is there additional information essential staff should know in order to provide appropriate supervision, support, and accommodations for the participant?
YES NO if YES , please explain: _____

MEDICAL APPROVAL / EMERGENCY AUTHORIZATION /AUTHENTICATION

The information on this form is true to the best of my knowledge. I give permission for the participant named on this form to take part in the American Patriot Conference. He/ She has my permission to participate in all scheduled activities which may include physical activity, basketball, volleyball, kayaking, canoeing, firearm safety, bus tours and related activities under the supervision of adult counselors.

I give permission to the program staff to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I give permission for the program staff to give the program participant over-the-counter medications he/she requests for discomforts such as headache or upset stomach. If I cannot be reached in an emergency, I give permission to the program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named on this form. This form may be photo copied for use outside of the event location.

SIGNED: X _____ DATE: _____
(Parent / Legal Guardian or participant over 18 years old)

I understand and agree to abide by the restrictions placed on my activities according to this form.

SIGNED: X _____ DATE: _____
(Participant under 18 years old)