

Ruritan



CHESAPEAKE DISTRICT

LEADING COMMUNITY SERVICE ORGANIZATION

American Patriot Conference Sponsorship Form

Club Name _____
Club's Conference Contact _____
Phone: Home _____ Work _____
Email: _____

Our club is providing sponsorship for _____ delegates(s). The cost of sponsorship for each delegate is \$285. We have enclosed a check (payable to CHESAPEAKE DISTRICT RURITANS) for _____ to cover the cost of sponsorship. If you do not plan to recruit delegates we will recruit delegates for you.

Check one: We do plan to recruit delegates
 We do not plan to recruit delegates

Delegate application materials and a summary sheet are enclosed. These materials are due March 25, 2010.

Mail Form to: Betty D. Stanley
P. O. Box 31
Montpelier, VA 23192

This form should be postmarked on or before March 5, 2010.

CHESAPEAKE RURITAN DISTRICT

SUMMARY SHEET FOR THE

AMERICAN PATRIOT CONFERENCE

APRIL 29-MAY 2, 2010

CLUB NAME _____
CLUB'S CONFERENCE CONTACT _____
PHONE: HOME _____ **WORK** _____
EMAIL: _____

DELEGATES

NAME	GENDER (M/F)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

MAIL SUMMARY SHEET, APPLICATIONS AND HEALTH HISTORY FORMS TO:

BETTY D. STANLEY
P.O.BOX 31
MONTPELIER, VA 23192

MATERIALS SHOULD BE POSTMARKED ON OR BEFORE MARCH 25, 2010.

**Application for the American Patriot Conference
April 29 - May 2, 2010**

NAME _____

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 named student participant to attend the Chesapeake District's American Patriot Conference April 29 - May 2, 2010 at Makemie Woods Camp. We (I) hereby release and discharge Makemie Woods 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, or tours and while on the premises of Camp Makemie Woods 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 District 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, casual, and respectable. Tours of 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 P.M. to 7:00 P.M. on April 29 and the conference concludes at approximately 2:00 P.M. on May 2, 2009. 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
April 29 - May 2, 2010 at Makemie Woods
PRINT ALL INFORMATION

PARTICIPANT INFORMATION

Name _____ Social Security # _____
 Last First Middle
 Address _____ Phone () _____
 City _____ E-Mail _____
 State ZIP SEX F M Age Birth date _____

PARENT/GUARDIAN INFORMATION

Father's Name (or Guardian) _____
 Father's Work Phone () _____ Work E-mail _____
 Mother's Name (or Guardian) _____
 Mother's Work Phone () _____ Work E-mail _____
 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 _____

IMMUNIZATION HISTORY

IMMUNIZATIONS	LAST YEAR RECEIVED
TETANUS _____	_____
DIPHThERIA _____	_____
POLIO _____	_____
OTHER _____	_____

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)