

**CONGRESS REGISTRATION AND CONSENT FORM- Fall 2011**  
**VIRGINIA MOOSE ASSOCIATION YOUTH AWARENESS PROGRAM**

I, the undersigned parent/guardian of \_\_\_\_\_ (“my child”), a minor hereby give my consent for him/her to attend the Moose Youth Awareness Student Congress at (check one below).

**LODGE or CHAPTER SPONSORING STUDENT:** \_\_\_\_\_  
**Lodge/Chapter Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check the one you will attend:**

- |  |  |
|--|--|
| <input type="checkbox"/> OCT 1st RICHMOND-EAST #1947 | <input type="checkbox"/> OCT 15th STRASBURG #403       |
| <input type="checkbox"/> OCT 8th PULASKI #2087       | <input type="checkbox"/> NOV 22nd WAYNESBORO #1309     |
| <input type="checkbox"/> OCT 8th WARRICK #1711       | <input type="checkbox"/> NOV 5th FRANCONIA #1067       |
| <input type="checkbox"/> OCT 9th ARAGONA #1198       | <input type="checkbox"/> NOV 12th COLONIAL BEACH #1267 |
|  | <input type="checkbox"/> NOV 19 <sup>th</sup> BEDFORD  |

**Note: Arrive by 8:45 A.M. Congress begins at 9 A.M. – You may attend any of the above. Snacks, lunch, and materials will be provided. Parents are welcome. Bring a friend and register there.**

**Student’s Name:** \_\_\_\_\_ **Class of:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**High School Principal’s Name:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**H. S. Address:** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

In consideration for my child being allowed to participate in this event, I hereby authorize the provisions of all necessary medical care to my child (including medical, dental and/or surgical) and attach a current copy of my medical insurance card to this agreement. I agree that neither Moose International Inc. nor \_\_\_\_\_ Lodge # \_\_\_\_\_ Loyal Order Of Moose, Inc (Lodge) shall have any financial responsibility for the emergency care provided to my child. I also agree to fully defend, indemnify and hold harmless the Lodge and MI, their respective agents, volunteers, employees, directors, officers, successors and assigns from and against any and all losses, damages, claims and causes of action brought by or on the behalf of my child, with the exception of losses arising from their sole gross negligence. I further agree this agreement shall be binding upon my heirs, successors and assigns.

**Parent/Guardian Name** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT or GUARDIAN CONSENT**

**The above student has permission to attend the MOOSE YOUTH AWARENESS CONGRESS.**

Moose International may use my name and photograph in publicity concerning the 2011-2012 Moose Youth Awareness Program.

**Student’s signature** \_\_\_\_\_

**ATTN: LODGE/CHAPTER: Please mail this completed form, with your \$25.00 check payable to Virginia Moose Association to:**

**Kenny Head**  
**VMA Youth Awareness Coordinator**  
**8301 Keeler Street**  
**Alexandria, VA 22309-1020**  
**(703) 781-9291**  
**Email: PSTGOVHEAD@aol.com**