

**JUNIOR CAMP APPLICANT'S COMPLETE NAME \_\_\_\_\_**  
**WAVIER OF PARENTS/GUARDIAN FOR IOWA AMERICAN LEGION AUXILIARY JUNIOR CAMP - 2025**

In consideration of the instructions and training to be given to my daughter as a participant of Iowa American Legion Auxiliary Junior Camp, to be held at the Christian Conference Center, Newton, Iowa, June 8th to June 13th we do hereby give permission for any medical service deemed necessary for care of illness or accident.

We hereby release and discharge the Iowa American Legion Auxiliary Junior Camp, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions or cause of action which we may, shall have reason of any illness, injury or accident incurred or suffered by my daughter while in attendance at said Junior Camp, no matter how caused or occasioned.

A check for \$300.00 will need to be sent to the Department Office by **April 1st, NO EXCEPTIONS!** The \$300.00 registration/application fee will not be refunded if the Junior Camp participant does not attend Junior Camp or leaves the Junior Camp Program early. No refunds after April 30<sup>th</sup>. All registrations **MUST BE MADE ONLINE. PAPER OR VERBAL APPLICATIONS WILL NOT BE ACCEPTED.** ***BRING THIS FORM WITH YOU TO REGISTRATION!!***

**PHOTOGRAPH/NAME PERMISSION:** Junior Camp may use Junior Campers photographs and/or names in Junior Camp of American Legion Auxiliary publications and website. Please complete the following:

I do agree \_\_\_\_\_ or I do not agree \_\_\_\_\_ to allow \_\_\_\_\_ name and picture to be used in any material regarding Junior Camp. (girl's name)

Name & Address of Hometown newspapers, regional newspapers, phone number and website of each newspaper:

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Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Junior Camp Applicant \_\_\_\_\_ DATE \_\_\_\_\_

**TRANSPORTATION PLANS:**

**ARRIVAL: MUST arrive between 4:00 and 5:00 p.m. on Sunday, June 8th. NO EXCEPTIONS.**

**DEPARTURE: MUST be checked out and picked up by 1:00 p.m. on Friday, June 13<sup>th</sup>. NO EXCEPTIONS.**

PARENT EMAIL ADDRESS: \_\_\_\_\_

I will ride home with my parents. YES \_\_\_\_\_ NO \_\_\_\_\_ I will drive myself home. YES \_\_\_\_\_ NO \_\_\_\_\_

I will ride home with another adult. YES \_\_\_\_\_ NO \_\_\_\_\_ Name of Adult \_\_\_\_\_

**FOR CAMPERS DRIVING THEMSELVES – CAR KEYS MUST BE LEFT WITH CAMP DIRECTOR.**