



KIDS REGISTRATION FOR AANR-SW CONVENTION

Host Club: _____ Date: _____
Name: _____ Age: _____ Club: _____
Parents (Guardian) name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ Fax: _____
Information about your child: _____
A. Can your child swim? _____ B. Allergies? _____ If so, what _____
C. Medications? _____ If so, what? _____

PARENTAL PERMISSION AND ACTIVITIES/PHOTOGRAPHY RELEASE

I hereby give permission for the minor(s) named above, who is (are) my child(ren) or my legal ward(s), to attend and participate in the activities of AANR-SW and the Host Club during the AANR-SW Convention, on the following dates: _____. I understand that some or all of the activities may require that my child(ren)/ward(s) be nude. I understand that organized activities will be conducted under the supervision of the AANR-SW Youth Chairperson or under the supervision of other adults approved by AANR-SW. I also understand that in the course of these activities, photographs of my child(ren)/ward(s) may be taken by an official AANR-SW photographer or by others approved by AANR-SW and/or the Host Club, and that such photographs of my child(ren) or ward(s) may be used in publications of AANR-SW or in other related nudist/naturist publications. I agree to allow the true and full name of my child(ren)/ward(s) to be used in such publications. In the event of accident or illness involving my child(ren)/ward(s), I authorize AANR-SW's adult supervisors to seek appropriate emergency medical attention for my child(ren)/ward(s) and I give permission to the medical personnel and facilities they select to administer such treatment they deem appropriate for the well being of my child(ren)/ward(s). In the event of loss or damage sustained by me or any family member as a result of the participation of my child(ren)/ward(s) in AANR-SW youth activities, I agree to and hereby hold AANR-SW, and its Officers, Directors, and Members, and the Host Club and its Officers, Directors, and Members harmless for any damages arising out of any such loss.

Health Insurance Company: _____
Policy Number: _____ Group Number: _____
Insured: _____ Telephone: _____

Name of Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Witness (Must be AANR-SW Member): _____

PERMISSION FOR YOUTH TO RUN FOR OFFICE

I hereby authorize the minor named below to run for AANR-SW youth office. Said minor understands the responsibilities and duties of each youth office.

Name of Minor: _____ Age: _____

Parent/Guardian Signature: _____