

**AANR-SW Youth Leadership Camp
Registration Form
Release of Liability & Medical Consent**

Attendee's Name _____

Date of Birth _____ - _____ - _____ Age _____

Parent's Name _____

E-mail Address _____

Home Address _____

City, State, Zip _____

Home Phone _____ Work _____

Home Club _____ Region _____

AANR P Number _____

I/we do hereby give permission for my/our child to attend and participate in the **AANR Youth Leadership Camps**. I/we give permission for my/our child to participate in all activities that are scheduled for the entirety of the AANR Camp or any activity in which the directors of the camp coordinate for the camp. I/we also understand that AANR, the camp directors, host region, and the host club will not be held liable for (1) any accidents traveling to and from (air and/or ground) camp or, (2) injuries that may occur during activities. I/we allow my/our child to be transported in a vehicle to and from off-site field trips driven by adult camp staff. _____ **(Initial)**

OPTIONAL: As parent(s)/guardian of this minor child, I/we do _____ **(Initial)** do not _____ **(Initial)** give the American Association for Nude Recreation and/or the host region and club the absolute right and permission to use my/our child's photograph in AANR Youth promotional materials and publicity efforts. I/we understand that the photographs may be used in publication, print ad, direct-mail piece, electronic media, and other forms of promotion. I/we release the Association, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I/we may have in connection with such use. _____ **(Initial)**

I/we have read the Code of Conduct and agree to abide by these rules. I/we understand that if my/our child violates the Code of Conduct, the Camp Director and the adult staff will restrict further participation in activities. _____ **(Initial)**

I/we agree to pick up my/our child/children or give permission to _____ to pick up my child at the designated time, unless other arrangements have been made and approved by the Camp Director. _____ **(Initial)**

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| <p>In case of emergency, notify:</p> <p>Name _____ Relationship _____</p> <p>Telephone _____</p> <p>Child's Physician _____ Phone _____</p> <p>Medical Insurance Co _____ Policy # _____</p> |
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Basic information needed by any medical practitioner not having immediate access to my child's medical history:

Allergies

Current medication, if any

Date of last tetanus shot

Physical impairments, if any

Diet Restrictions

I am/we are using the reverse side to detail other pertinent facts regarding the health and physical condition of my/our child. In addition, I am/we are indicating information on the reverse side that the Camp Director should know about my/our child. _____ (Initial)

I/we give consent, that in the event I/we cannot be reached in an emergency, a licensed physician or other licensed health care provider may provide medical treatment necessary for the health and safety of my/our child. The Camp Director may delegate any first aid treatment necessary for the health and safety of my/our child. _____ *(Initial)*

I/we agree that I/we have read and initialed all of the statements above and said statements are correct and true and made by me/us on this _____ day of _____, 20_____.

Signed _____ Signed _____

NOTARIZED _____

PHOTO RELEASE

I/we grant permission to the American Association for Nude Recreation (AANR), the American Association for Nude Recreation Southwest Region (AANR-SW), the Naturist Society (TNS) and/or The Naturist Magazine (N) to publish photos of me and/or my children in:

Please check all that apply:

AANR Bulletin AANR Web Site AANR-SW Web Site

Other AANR-SW Publication TNS Naturist Magazine

PRINT NAME _____ SIGNATURE _____