



Montgomery Gavel Club

Membership Application

Participant's Name: _____ **Age:** _____

Address: _____ **Grade:** _____

City: _____ **State:** _____ **Zip Code:** _____ **School:** _____

Participant's Email: _____ **Home Phone:** _____

Medical Conditions: _____ **Child's Cell:** _____

Food Allergies: _____

Mother's Name: _____

Email: _____ **Cell #:** _____

Father's Name: _____

Email: _____ **Cell #:** _____

Emergency Contact: _____ **Cell #:** _____

PHOTO RELEASE I hereby agree to allow my child to be recorded and/or photographed at Montgomery Gavel Club meetings and/or any events associated with the Gavel Club. I also hereby assign and grant to Montgomery Gavel Club, the right and permission to use and publish the photographs/ film/ videotapes/ electronic representations and/or sound recordings made of my child by Montgomery Gavel Club, and I hereby release the Montgomery Gavel Club from any and all liability from such use and publications. _____ **(Parent Initial)**

LIABILITY WAIVER I hereby agree to release, indemnify and hold harmless Montgomery Gavel Club, its instructors, officers, directors, agents, venue location, venue directors, owners, employees, Club steering committee, club members, and all volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in the Montgomery Gavel Club or its related activities. _____ **(Parent Initial)**

MEDICAL TREATMENT CONSENT In the event of injury or illness to myself and/or my child, I consent to administration of such first aid measures as may be determined necessary by activity leaders of Montgomery Gavel Club, and if determined necessary, I further consent to transport by ground or air ambulance and/or referral to physicians and admission to hospitals. I further consent to emergent medical treatment for child, if determined necessary, including but not limited to, anesthesia, injection, surgery, x-ray, and medication, if I cannot be contacted immediately for such consent. I understand that reasonable efforts will be made to contact me in such cases. Phone numbers where I can be reached during this event are listed above. _____ **(Parent Initial)**

Signature of Parent/Legal Guardian

Printed Name

Date