

Junior Warrior Day Registration Form and Waiver

Today's Date: _____

1. Child's name: _____ Age: _____ DOB: _____

2. Child's name: _____ Age: _____ DOB: _____

3. Child's name: _____ Age: _____ DOB: _____

Sponsor's name: _____ Daytime phone: _____

Spouse's name: _____ Cell phone: _____

Address: _____

Sponsor's Unit: _____

In case of emergency (if sponsor cannot be notified), please notify:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

Work phone: _____ Cell phone: _____

I, the above sponsor/legal guardian do give my child permission to attend and participate in the MCCS South Carolina/MCAS Beaufort Junior Warrior Day. I understand that my child will be taken by bus to the APOE hangar and Shady Point picnic area. I will be picking him/her up in at the APOE Hangar on the flight line.

_____ I give MCCS South Carolina/MCAS Beaufort my permission to photograph my child and to use any such photo in any promotional materials, print or electronic.

_____ **RELEASE FROM LIABILITY/HOLD HARMLESS AGREEMENT:** I hereby agree to release, indemnify, defend, and hold harmless the United States Government, United States Marine Corps, including Marine Corps Community Services (MCCS), Marine Corps Family Team Building, MCAS Beaufort Children, Youth and Teen Programs, and their officers, employees, agents, personnel, successors, and assigns from any claims, damages, liabilities, losses, injuries, deaths, and costs and expense including attorney's fees, and costs arising out of or claimed on account of my child's participation in the MCCS South Carolina/MCAS Beaufort Junior Warrior Day.

_____ **MEDICAL CARE AUTHORIZATION:** I hereby authorize my child to receive emergency treatment whenever deemed necessary at any United States military facility or any other medical facility when a United States medical facility is not available.

_____ In the event that I/We (sponsors) cannot be reached, I/WE authorize any emergency medical treatment rendered to my child by proper medical authorities.

My child has the following medical conditions, allergies or medical allergic reactions of which managers or attending physicians should be aware. Please also indicate precautions to be taken. State none if not applicable.

Signature: _____

Printed Name: _____

Date: _____