



## *10<sup>th</sup> Annual Junior Fun Weekend*

**Who:** All Junior members and their Advisor/Chaperones  
Registration is on a first-come, first serve basis  
All Junior members ages 3 – 18 are invited  
You do not have to be from an active Junior group  
Advisor/chaperones to Junior ratio is 1:3  
1 – 3 Juniors = 1 advisor/chaperone  
4 – 6 Juniors = 2 advisors/chaperones  
If you have any questions, please call Jean Walker (218) 745-6712 or email at [jmwalker1992@hotmail.com](mailto:jmwalker1992@hotmail.com)

**What:** A weekend for junior members from throughout the State of Minnesota to get together for some fun and to learn more about the programs of the American Legion Auxiliary. This will be an organized program which will be coordinated by the Department Junior Activities Chairman and American Legion Auxiliary volunteers.

**When:** Friday, August 3 through Sunday, August 5, 2018  
Check-in Friday, August 3 from 4 – 8 p.m. (dinner is served)  
Check-out Sunday, August 5 by 11:00 a.m.

**Where:** Legionville near Brainerd, Minnesota (see attached map)

**Cost:** \$20.00 per person (includes meals and activities)  
**Fees must be received in the Department Office no later than Friday, July 20, 2018**  
**No refunds will be issued**

**Send to:** American Legion Auxiliary  
State Veterans Services Building  
20 West 12<sup>th</sup> St. #314  
St. Paul, Minnesota 55155

To participate, complete the attached registration form and send the names of participants along with the \$20.00 fee per person as noted on the form. Again, the registration fee covers the cost of all meals and activities.

Each participating Junior member will be required to bring the attached permission form with them when they check in. Unit Senior Advisors and/or chaperones will have primary responsibility and supervision of all Junior members that they bring and will be expected to assist as needed with activities.

There will be a nurse on the premises to assist with minor boo-boos!

Each Junior group is asked to donate a snack to share.

**2018 Department Junior Fun Weekend Registration  
August 3 – August 5, 2018**

Unit Name: \_\_\_\_\_ Unit No: \_\_\_\_\_  
Location: \_\_\_\_\_ District No: \_\_\_\_\_  
Number of Juniors: \_\_\_\_\_ Number of Seniors: \_\_\_\_\_

Amount enclosed at \$20 per person: \$ \_\_\_\_\_

**Make checks payable to American Legion Auxiliary Department of Minnesota**

**Remit to: American Legion Auxiliary, State Veterans Service Building, 20 W 12<sup>th</sup> St. #314, St. Paul, MN 55155**

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**Advisor/Chaperone Information (Print or type)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact name & Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Areas where I would be interested in helping: \_\_\_\_\_

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**Junior Member Participants (Ages 3-18)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Please make copies of this page for additional names)

## WHAT TO BRING

### Bring with you:

Permission form  
Copy of Health Insurance card  
Pillow – Bedding or Sleeping Bag  
Toiletries – toothpaste, tooth brush, towels, face cloth, soap, shampoo, comb/brush  
Swimwear, shorts, shirts, pants, sweatshirt or sweater, jeans, jacket, socks, pajamas  
2 pairs of shoes (Tennis & flip flops)  
Sunscreen  
Insect repellent  
Flashlight (optional)  
Poncho, rain coat or umbrella  
Instructions for or about any medicines you take to be given by the nurse  
Kindle, e-Reader, laptop or iPod/ iPad (definitely Not Required- use your judgement!)  
Plenty of enthusiasm, good attitude and a willingness to make new friends!

### Please Note:

The Juniors will be engaged in a variety of activities, some of which will include electronic devices. Although we are allowing them to bring them along, they will be asked to refrain from using their electronic devices while we are doing other activities. Please be sure they are clearly marked with the owner's name.

### Medications:

If your child is on any prescription medication, please send the medication in its original container. Be sure it is clearly marked from your pharmacy, with the medication name and administration directions.

Please do not send over-the-counter medications unless deemed necessary. OTC meds must be in their original containers with the medication label clearly displayed and labeled with your child's name.

### Reminder – to be turned in upon your daughter's arrival:

The signed parent's waiver  
A copy of your daughter's health insurance

**PLEASE MAKE A COPY OF THIS FOR EACH PARTICIPANT**

**Minnesota American Legion Auxiliary**

State Veterans Services Building  
20 West 12<sup>th</sup> St. Room #314  
St. Paul, MN 55155

**PARENTS WAIVER**

This form **MUST** be brought with each Junior Member  
and turned in upon their arrival at

**Junior Fun Weekend**

**August 3 – 5, 2018**

The undersigned parent(s) or guardian of:

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*(Junior Member)*

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*(Address/City/State/Zip Code)*

In consideration of the instructions, activities and training to be given to our (my) daughter, a Junior member of the American Legion Auxiliary, Department of Minnesota, at the Junior Fun Weekend to be held at the Legionville School Safety Patrol Camp at North Long Lake in Brainerd, Minnesota, August 4 – August 6, 2017, does hereby release and discharge the American Legion Auxiliary, Department of Minnesota, its officers, agents, instructors and employees from any and all claims that may occur by reason of any illness, injury or accident incurred or suffered by said daughter while in attendance, while traveling to/from attending or participating in said Junior Fun Weekend no matter how caused or occasioned.

I acknowledge that neither basic accident and health insurance or personal property insurance is provided by the American Legion Auxiliary, Department of Minnesota, in connection with the Junior Fun Weekend and that the provision of such insurance is my own personal responsibility. I (we) understand the responsibility of the American Legion Auxiliary, Department of Minnesota, ends at the close of Junior Fun Weekend on Sunday, August 6, 2017.

In case of emergency, contact information is:

Name of parent(s) \_\_\_\_\_

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*(Address/City/State/Zip Code)*

Telephone Number on Weekend \_\_\_\_\_ Cell Phone \_\_\_\_\_

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*(Print Parent or Guardians Name)*

Date Signed: \_\_\_\_\_

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*(Parents or Guardian Signature)*

**Please complete the back side of this form as well  
(Please make copies of and fill out both front and back for additional Junior members)**

## ALLERGIES AND MEDICATIONS

Does your daughter have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

If this is a food allergy, please email [donnapatricia@yahoo.com](mailto:donnapatricia@yahoo.com), so we can plan accordingly for meals.

**MEDICATIONS:** Please send the medication with your daughter in its original container, clearly marked from your pharmacy with the medication name and directions for its use. Be certain your child's name is on the medication.

Name of medication my daughter is on \_\_\_\_\_

\_\_\_\_\_

Does your daughter have any physical restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_