



11th 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 Mary Hendrickson at 218-590-0344 or email Mary at carmar21@msn.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 2 through Sunday, August 4, 2019
Check-in Friday, August 2 from 4 – 8 p.m. (dinner is served)
Check-out Sunday, August 4 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 19, 2019
No refunds will be issued
- Send to:** American Legion Auxiliary
State Veterans Services Building
20 West 12th 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.

**2019 Department Junior Fun Weekend Registration
August 2 – August 4, 2019**

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 12th St. #314, St. Paul, MN 55155**

Advisor/Chaperone Information (Print or type)

Name: _____
Address: _____

Phone #: _____ Cell #: _____
Email: _____

Emergency Contact name & Phone #: _____ Relationship: _____

Areas where I would be interested in helping:

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 may 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 12th 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 2 – 4, 2019

The undersigned parent(s) or guardian of:

(Junior Member)

(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 2 – August 4, 2019, 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 4, 2019.

In case of emergency, contact information is:

Name of parent(s) _____

(Address/City/State/Zip Code)

Telephone Number on Weekend _____ Cell Phone _____

(Print Parent or Guardians Name)

Date Signed: _____

(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, 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? _____

