

***12th 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 Patti Coleman at 763-354-8644 or email

 Pjc3555@aol.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 6, 2021 through Sunday, August 8, 2021

 Check-in Friday, August 2 from 5 – 8 p.m. ***No early arrivals on the property this year***

 Dinner will be served after 6 p.m.

 Check-out Sunday Aug. 8, no later than 11:00 a.m.

**What’s Different This Year:** Legionville Board of Directors is enforcing CDC Camp Requirements for

 everyone using the camp this year.

 These rules include:

* **Please note – no one is to be on Legionville property until 5:00 pm. Friday, August 6th**
* No more than 12 people per cabin
* Everyone must sleep head to foot
* Temperature checks daily
* Masks required in all buildings – when walking to tables and in dorms except when showering and sleeping
* Social distancing both indoors and outdoors as much as possible
* All food to be served – no self service of food
* Bottled water will be available in the Education Center so make sure you bring a water

bottle labeled with your name

 ***These rules may change and without much warning – we will keep you advised***

**Where:** Legionville School Patrol & Safety Training Center, located on North Long Lake near Brainerd, Minnesota

**Cost:** $20.00 per person (includes meals and activities)

 **Fees must be received in the Department Office no later than Friday, July 23, 2021**

 **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.

**2021 Department Junior Fun Weekend Registration**

**August 6-8, 2021**

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**

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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:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**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 & Media Release Form

 Copy of Health Insurance card

 Water Bottle (labeled with participant’s name)

 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 6-8, 2021**

The undersigned parent(s) or guardian of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(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 6 – 8, 2021, 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 8, 2021

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If this is a food allergy, please email pjc3555@aol.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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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