

## **JUNIORETTE AGREEMENT**

I, \_\_\_\_\_ pledge to abide by the following agreement while I am attending the  
\_\_\_\_\_ meeting/event.

I will not leave the hotel premises without a chaperone or advisor.

I will not go into any establishment where alcoholic beverages are served.

I will abstain from the use of illegal drugs and alcohol.

I will check in with my chaperone at an agreed upon time.

I will behave in a manner that will reflect a positive image of the Junioresettes.

I understand that failure to abide by this agreement can result in my having to leave the meeting that my parents will be called to get me, and/or other disciplinary action will be taken.

Signed \_\_\_\_\_

Club \_\_\_\_\_

Date \_\_\_\_\_

**PERMISSION/MEDICAL AUTHORIZATION/RELEASE**

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, hereby give my permission for my daughter's attendance and participation at the mentioned meeting event. In the event of illness or injury, I authorize to give consent for any necessary emergency medical treatment on behalf of my daughter. I understand that the GFWC or FFWC, its members or chaperones are not liable for expenses incurred, including hospital or emergency transportation, for the treatment of any such injury or illness and that I am liable for all such expenses. In the event of a medical emergency, I further authorize \_\_\_\_\_ to provide the medical services provider with insurance information. A copy of my child's insurance card is attached for that purpose, as well as a list of any known allergies and any medications my child may be taking at this time.

As consideration for allowing my daughter to attend and participate in the above mentioned meeting/event, I release and forever discharge the GFWC, the FFWC, its members and chaperones from any and all claims, actions, or liability which I or my daughter have or may have against the GFWC, the FFWC, its members and chaperones concerning or in any manner connected with or arising from my daughter's attendance and participation in the above mentioned event, including any and all acts of negligence occasioned by the GFWC, the FFWC, its members and chaperones. \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**DATE Individually, and as Parent/Legal Guardian of**

\_\_\_\_\_  
**Juniorette's Name**

**Sworn and subscribed before me in the State of Florida, County of \_\_\_\_\_ by**  
\_\_\_\_\_, **who is personally known to me or produced the following identification**  
\_\_\_\_\_, **on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I, we \_\_\_\_\_ (Name) (and) \_\_\_\_\_ (Name) of \_\_\_\_\_ (city)

\_\_\_\_\_ County, \_\_\_\_\_ (state), do hereby state that I am (we are) the  
(county)

natural parent(s) (legal guardian(s)) having legal custody of \_\_\_\_\_  
(child's name)

a minor, age \_\_\_\_\_, born \_\_\_\_\_, who resides with me (us) at

\_\_\_\_\_  
(address)

I authorize \_\_\_\_\_ (name), an adult, who resides at \_\_\_\_\_ (address)

in the city of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_

or \_\_\_\_\_ (name), an adult who resides at \_\_\_\_\_ (address)

in the city of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_.

to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and when the need for advice of any physician or surgeon licensed to practice in the state of \_\_\_\_\_, when the need for such treatment is immediate,

and when efforts to contact me (us) are unsuccessful. I (we) agree to pay all fees and charges incurred for medical care provided to my child under this authorization, and agree the adult named herein has no financial responsibility therefor

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(signature of parent or guardian) \_\_\_\_\_ (expiration date)

Child's doctor \_\_\_\_\_ Child's allergies, if any \_\_\_\_\_

Doctor's phone # \_\_\_\_\_ Medicines child is taking \_\_\_\_\_

Parent(s) phone numbers \_\_\_\_\_

Insurance Co. Name & Address \_\_\_\_\_

Policy # \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_