

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 _____ (and) _____ of _____
(Name) (Name) (city)

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

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 _____, an adult, who resides at _____
(name) (address)

in the city of _____, county of _____, state of _____

or _____, an adult who resides at _____
(name) (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 _____