



**ANNOUNCING. . . .**

**Minnesota's 15th Annual  
Junior Fun Weekend**

**A fun weekend for Junior members of the Department of Minnesota to get together for some fun and to learn more about the programs of the American Legion Auxiliary.**

**Friday thru Sunday, August 9-11, 2024**

**Legionville School Patrol Camp  
(on Long Lake, near Brainerd, MN)**

**Cost will be \$25.00 per person  
if paperwork & payment is received  
no later than July 17, 2024**

**\$30.00 fee for all reservations received  
after July 17th  
(meals & snacks included)**

- ❖ **Open to all Juniors and their Advisors/Chaperones**
- ❖ **Everyone attending must pre-register and prepay**
- ❖ **Limited to 1 Senior member for every 4 Junior Members unless space is available**

**2024 Department Junior Fun Weekend Registration  
August 9-11, 2024**

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

Amount enclosed at \$25.00 per person: \$ \_\_\_\_\_  
**\$30.00 if rec'd after July 19, 2024**

**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:  
\_\_\_\_\_

\*\*\*\*\*

**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:

#### **Picture of your Veteran or Veterans 2X2**

Permission form & Media Release Form

Copy of Health Insurance card

Water Bottle (labeled with participant's name)

Pillow – Bedding or Sleeping Bag

Toiletries – toothpaste, toothbrush, 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, raincoat, 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 by 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**

## ALLERGIES AND MEDICATIONS

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

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

\_\_\_\_\_

If this is a food allergy, please email [judya2002@gmail.com](mailto:judya2002@gmail.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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 9-11, 2024**

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 Safety Summer Camp at North Long Lake in Brainerd, Minnesota, August 9 - 11, 2024, 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 11, 2024.

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 make copies and fill out for additional Junior members)**



# American Legion Auxiliary

*A Community of Volunteers Serving Veterans, Military, and their Families*

## Media Release Consent Form

1. I, the undersigned, hereby authorize American Legion Auxiliary, Department of Minnesota to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions) as well as use my name and likeness.
2. I authorize the use of any such photographic or electronic reproductions and my name and likeness for any purpose, including, but not limited to, educational and other public media as may be deemed appropriate by the American Legion Auxiliary, Department of Minnesota. I understand that I may be identifiable from such photographic or electronic reproductions for non-profit public purposes.
3. I understand that I will not be compensated financially for such uses.

Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### PARENTAL CONSENT

I certify that I am the parent and/or guardian of the individual above, \_\_\_\_\_, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorization referred to in this General Media Release.

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Signature of Applicant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Parent/Guardian (if different)

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

### American Legion Auxiliary Department of Minnesota

State Veterans Service Bldg. - 20 W. 12<sup>th</sup> St. Suite #314 - St. Paul, MN 55155 | P: (651) 224-7634 | F: ((651) 224-5243 | (888) 217-9598

[deptoffice@mnala.org](mailto:deptoffice@mnala.org) | Website: [www.mnala.org](http://www.mnala.org)