

AMERICAN LEGION AUXILIARY
Junior Activities



Youth Member - Department of FL
EVENT REGISTRATION

Name of the Jr. Auxiliary Member or Young SAL member _____

Member # _____ Unit or Squadron # _____

Unit / Squadron Name & City: _____

Age of Child: _____ Date of Birth: _____ Grade: _____

Address: _____

Phone # _____ e-mail: _____

Emergency Contact Name & # _____

Does the Child have Branding Apparel: _____ (Please wear it & or bring it.)

Does the Child hold an Office (what & at what level) _____

You agree & give permission that the above mentioned child may have their photo taken and all images can be used on our social media pages, in newsletters and on our websites. _____ (initials) The participant will be responsible to attend all aspects of the (said event) _____ of the Junior Activities, have a good attitude and willingness to participate in all activities that include: "For God & Country" which could include, but not limited to: prayers, standing for the Pledge, honoring the flag & supporting our Veterans. If an issue occurs, including disciplinary concerns, the youth member will be asked to leave and a parent or guardian will need to pick the child up at the meeting place.

Event: _____ Date: _____

Adults name: _____ Signature: _____

Adults Cell #: _____ Alt. #: _____