



THE MEN OF HONOR

THE Ladies
OF HONOR

**Men of Honor & Ladies of Honor
Annual Registration Form**

(To be Completed by Parent or Guardian)

Name: _____ Date of Birth _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone # _____ Shirt Size _____ Guardian _____

Parent/Guardian Work Phone# _____ Cell Phone # _____

Emergency Contact Name _____ Phone # _____

E-mail Address: _____

Medical Information

1. List any diseases, physical or mental limitations: _____

2. List any current medication and their purpose: _____

3. Allergies (food, medical, insect, etc.) _____

4. Restricted Activities: _____

5. Family Physician: _____ Physicians Phone# _____

6. Medical Insurance Carrier: _____ Policy# _____

7. Hospital Preference : _____

Release of Liability

I hereby, release Ladies and Men of Honor and all adult supervisory sponsors from all damage, injuries, claims, demands or causes of action I or any family member, my heirs, executors or administrators may have arising out of the course of or transportation to and from events my child chooses to participate in. Additionally, I authorize the adult supervisory sponsors to consent to any emergency medical treatment to be rendered to the minor named above, should that be deemed necessary to administer medication.

Parent/Guardian Signature: _____ Date: _____

ALL ABOUT ME: (To be completed by Child)

Hobbies/Interests: _____

About my home life: _____

About my parents: _____

The reason I want to be in Men & Ladies of Honor is: _____

Photo/Video Release Form *(To be completed by Parent/Guardian)*

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

As a way of keeping everyone up-to-date on our activities, also fundraising, recruitment, and general information, Men of Honor and Ladies of Honor will take pictures and/or video that we use on our website, brochures, or other promotional material.

We will never release your child's complete name to the public.

I, _____, (Parent/Guardian) hereby authorize (photographer/videographer), the Men & Ladies of Honor to use, reproduce, and/or publish photographs and/or video that may pertain to my child including their image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on the Corporation's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my child's photograph, and/or make reference to my child in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.