

**JUNIOR PRE-REGISTRATION FORM - MUST PRE-REGISTER - DUE BY 5/23/2025**

Pre-registration for State Convention is required. A permission and emergency information sheet must be filled out and signed by parent. All tours and activities will be free if the Junior brings an entry for the Junior poster/essay contest to Registration. Guidelines for contest entries can be found in this issue of the paper and also at www.mirlca.info. If no contest entry is presented, a \$10.00 fee will be required at Registration. Juniors are expected to attend all meetings as well as the activities. Yellow Junior T-shirts are to be worn at all activities. T-shirts from prior years may be exchanged for a larger size, if necessary.

NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

COUNTY WHERE DUES PAID \_\_\_\_\_

Please fill out and mail to: Mike Proconier, 2544 Kaiser Rd, Pinconning, MI 48650 by May 23, 2025. Late registration will only be allowed if space is available and will incur a \$10.00 fee.

**Junior Permission Slip**

We will be attending the State Convention of the Michigan Rural Letter Carriers' Association on June 8, 9, and 10, 2025. In consideration of the benefits derived, and in view of the fact that participation is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child namely \_\_\_\_\_, at all activities, I agree to his/her participation and waive all claims against the leaders of these trips, officers, agents, and representatives of the Michigan Rural Letter Carriers' Auxiliary, and the Sponsor and volunteers. In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my child from the nearest hospital or doctor at my expense. If our doctor is not readily available, see treatment instructions (if any) as noted below. I understand that all medication must be turned over to the Adult Leader in correctly identified original containers. ALL prescription medications must be in the bottle from the pharmacy with the child's name clearly printed on it.

Signature Parent/Legal Guardian \_\_\_\_\_

Age of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY INFORMATION:**

I can be contacted at the following hotel room number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Text: Y N

My Child is highly allergic or sensitive to following food or medication \_\_\_\_\_

What, if any medication is this child taking? \_\_\_\_\_

Any Special instructions for this medication? \_\_\_\_\_

If your child must carry this medication, please check \_\_\_\_ yes \_\_\_\_ no

If the answer is YES, list the type of medication \_\_\_\_\_

Date of last Tetanus shot/booster \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION** Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Control or Group Number \_\_\_\_\_

This form must be signed by the participant's parent or legal guardian.