

**JUNIOR CATHOLIC DAUGHTERS OF THE AMERICAS**  
**MEMBERSHIP APPLICATION**



**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Parent cell phone** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**Court Name, No., City** **Court Daughters of Grace, #2731, Spring, Texas** \_\_\_\_\_

**Parish Name** \_\_\_\_\_ **City** \_\_\_\_\_

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **Parent or guardian signature**

\_\_\_\_\_ **Court Chairman's Signature**

\*\*\*\*\***TO BE COMPLETED BY COURT CHAIRMAN**\*\*\*\*\*

**Date Application Received** \_\_\_\_\_

**\$15 annual dues received (\$40 max per family)** \_\_\_\_\_

**Circle one:** **Cash**      **Check**

**Forward this application and the Reception Report to the State Junior Catholic Daughter Chairman within seven (7) days following the reception of new members. (Newly instituted courts attach New Court Registration Form)**



# Junior Catholic Daughters of the Americas

## **MEDICAL RELEASE**

COURT. Daughters of Grace, #2731

To whom it may concern:

\_\_\_\_\_ has my permission to attend all functions planned and  
chaperoned by the leaders of JCDA Court \_\_\_\_\_.

I understand that I will be notified, in advance, of any activities that take place away from \_\_\_\_\_

\_\_\_\_ Parish. I permit Hospital Care Physicians and any other physician she may wish to delegate, to render any medical/surgical treatment for the above named patient in my absence.

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Signature of Parent or Guardian

Date

## EMERGENCY CONTACT

Name	Relationship	Telephone Number
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## ALTERNATE EMERGENCY CONTACT

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Name	Relationship	Telephone Number
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## MEMBER'S MEDICAL HISTORY

Allergies, if any: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Medications: \_\_\_\_\_

Other:

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

# Daughters of Grace #2731

## PHOTO RELEASE

I give my permission for my daughter \_\_\_\_\_, to be photographed or videotaped during JCDA functions and for publication of such photos for CDA and JCDA publications, announcements and literature.

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Signature (Parent/Guardian)

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Date

# Join our GroupMe to stay up to date

Click Link or Scan QR Code

[https://groupme.com/join\\_group/106319945/3agCJanO](https://groupme.com/join_group/106319945/3agCJanO)

