



usa
building global friendship
brandywine valley chapter

JB MEMBERSHIP AND MEDICAL FORM

VALID FOR SEPTEMBER 1, 20__ THROUGH AUGUST 31, 20__

Youth's Name _____

Birthdate _____ School _____ Grade _____

Parent/Guardian Name _____

Address _____

Youth's Email _____

Parents' Email _____

I _____ (print your name) hereby give permission for my child
_____ (print his/her name) to participate in CISV Brandywine
Valley Junior Branch and Chapter Activities from September 1, 20__ to August 31, 20__,
and release CISV Brandywine Valley from any and all liability to me or my child as a result
of his/her participation. Also, I understand that CISV Brandywine Valley does not assume
any responsibility for loss of, or damage to, personal property of participant.

Signed _____ Date _____

Phone _____

Emergency Phone _____

Health Insurance Company _____

Policy # _____

Medical Issues/Allergies/Concerns _____

Participation Fee is \$10. This can be given to the JB treasurer at a JB meeting or mailed to us.
Checks payable to BV CISV.