



Job's Daughters of Virginia Leadership 2016 April 22 – 24 Camp Piankatank

General Information

Deadlines:

November 30, 2015 (extended) – Applications are due for Daughter Instructors, Senior and Junior Counselors, Cabin Moms, and CAV Mentors.

February 15, 2016 – Daughter registrations are due.

Registration Checklist:

- Registration Form
- Counselor/Instructor Form (if applicable)
- Instructor's Lesson Plan (if applicable)
- Media Release Form
- Personal Health Form

Important Notes:

- Each Bethel may send up to 3 daughters. This does not include daughters that may be acting as a Counselor or Instructor. It also does not include any petition signers.
- Leadership is offered at no cost to the attendees. This is in thanks to the generous donations of our Masonic Family.
- Leadership weekend is a high energy, fun, and impactful weekend. It is critical that attendees commit to the weekend, come ready to learn, engage with their peers, and participate in all activities.
- Adults must be certified volunteers per the Youth Protection Policy.
- The deadline for daughter attendees is 2/15/16. There will be no additions or substitutions accepted after this deadline. Failure to communicate any attendee cancellations (no shows) may result in a \$50 fee per daughter.

Questions should be directed to:

Melissa Caviness-DeMone, Leadership Co-Chairman
melissacaviness@hotmail.com
Cell: (804)986-0682
Melanie Kellar, Leadership Co-Chairman
melanie.e.kellar@gmail.com
Cell: (804) 836-9790

Forms should be sent to:

Melanie Kellar
16508 Arch Hill Road
Hanover, VA 23069



**Job's Daughters of Virginia
Leadership 2016
April 22 - 24
Camp Piankatank**

Daughter Registration Form

Please check the appropriate box:

Daughter Attendee Petition Signer Senior Counselor
Junior Counselor Daughter Instructor

Name of Attendee: _____

Bethel #: _____

Bethel Guardian: _____

Bethel Guardian Phone #: _____

Current Age: _____

How many years have you been involved in Job's Daughters? _____

What station do you currently hold in your Bethel? _____

Are you a Past Honored Queen? Yes No

Have you attended Leadership before? Yes No

What size shirt do you wear? (Please note that shirts will be in adult sizes.)

Small Medium Large X-Large XX-Large

Do you have any dietary restrictions, health concerns, or take daily medications? If so, please describe:

If coming to Leadership as a Petition Signer, please write the names of the 2 initiated daughters and their initiation dates. Daughters must have joined since May 2015.

All registration forms must be submitted with the Media Release and Personal Health Forms.

JOB'S DAUGHTERS INTERNATIONAL

BETHEL No. _____

PERSONAL HEALTH FORM

Event for which the following information is requested: ___Leadership 2016_____

Date of activity: ___April 22 – 24, 2016_____

The information provided in this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Complete Name _____ Birth Date _____
(Month/Day/Year)

Address: _____ Height: _____ Weight _____

(City) (State/Province) (Zip/Postal Code)

Father: _____ Home Phone: _____

Address: _____ Work: _____
(If different from above)

Mother: _____ Home Phone: _____

Address: _____ Work: _____
(If different from above)

If Parents/Guardians are not available, in an emergency, please notify:

Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship to Daughter: _____

Insurance Carrier: _____ Policy # _____

Family Doctor: _____ Phone: _____

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities?

_____ If so, please list and explain: _____

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care, diet or special needs?

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list, giving type of reaction, treatment given, etc. _____

Has your daughter menstruated? _____ If not, has she been told about it? _____

Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council should be aware:

Please specify details of medication or treatment required for the above: _____

Date of last tetanus shot: _____

Does your daughter require corrective lenses? _____ Contact lenses? _____

We the undersigned, parents/guardians of _____ do hereby authorize the Bethel Guardian Council and/or Chaperones of Job's Daughters Bethel No. _____ to exercise supervision of our daughter during the time that she is participating in a Job's Daughter event. We hereby release said Bethel Guardian Council and/or its chaperones from any liability caused by our daughter's participation in the event.

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein expressly consent to any and all medical, dental, or other health care and treatment and grants the limited Power of Attorney to the Guardian Council and Chaperones of Bethel No. _____ to consent to any and all such treatment in the same manner as could the Parent(s) or Legal Guardian if physically present. All information relating to said treatment shall also be provided to the Guardian Council and Chaperones of Bethel No. _____ to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter named herein. All liability to the providers of such treatment for the provision of service and the disclosure of information about services performed to the Guardian Council and Chaperones of Bethel No. _____ performed and disclosed in reliance upon this document is hereby expressly waived. This waiver applies to any and all applicable state or federal laws, rules or regulations relating to Patient Privacy. A copy of this document shall be treated the same as if it were the original. The consents and Waivers contained herein shall be and remain in full force and effect from and after the date of signing until _____.

In accordance with the JDI Youth Protection Program, if your daughter will be traveling alone with one CAV who is not a member of her family (e.g. Miss IJD or SBHQ traveling with the Supreme Guardian), the Daughter must have her parent's or legal guardian's written permission to stay in overnight accommodations in the same room with a female CAV who is not a family member. If the parent or legal guardian's written permission has not been obtained before hand, and if in the CAV's best judgment it is safer to share a room with the Daughter than to have separate rooms for the Daughter and the female CAV under the circumstances of the particular trip, the two may share the same room. The CAV shall immediately contact the Daughters Parent(s) to let them know that this decision was made.

Father/or Legal Guardian _____ Date _____

Mother/or Legal Guardian _____ Date _____

Print



**Job's Daughters International
Media Release Form**

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Job's Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation:

____ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I ***do not*** wish to have photos printed or displayed of my daughter and respectfully request that she be kept out of all Job's Daughters photos, group shots and photos taken at community and fun activities whenever possible. Although attempts will be made to remove my daughter from photos taken at Job's Daughters' activities, I fully understand that Job's Daughters International and its subordinates are not responsible for photos taken by individual adults and other members of the Order.

Date: _____ Bethel No. _____ Location _____
(City/State/Province)

Name (please print): _____

Address: _____
(Street) (City) (State/Province) (Zip/Postal Code)

Signature: _____

Signature of parent or legal guardian _____
(if under 20 years of age)

A copy of the form should be kept in the permanent files of the Bethel and a copy sent to:

Melanie Kellar, Leadership Co-Chairman
16508 Arch Hill Road, Hanover, VA 23069
melanie.e.kellar@gmail.com