

# District Convention Emergency Contact Form

MARCH 28-30, 2008

HOLIDAY INN

2100 EAST HWY 12

WILLMAR, MN 56201

(320) 235-6060

Transportation will be provided by: \_\_\_\_\_

Cost for Spring Convention: \$125 includes hotel, meals, and all program materials

Cost for transportation: \_\_\_\_\_

Total amount due: \_\_\_\_\_

I am familiar with both the school handbook and the Key Club Code of Conduct and know that both sets of rules apply while participating in Key Club activities.

Name of Key Club member \_\_\_\_\_

Signature \_\_\_\_\_

## Emergency Contact information

In case of emergency, please contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there medical concerns or medications required for your Key Club member?                      Y                      N

If so, explain:

\_\_\_\_\_

\_\_\_\_\_

I am the parent or legal guardian for the above-named Key Club member and give my permission for him/her to attend the Key Club activity listed above. I am familiar with the Code of Conduct and understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event.

Parent or guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisors: please photocopy this form. Give one copy to parent, bring one copy with you to the rally.**