

# Washington Civil War Association

## MINOR (AGE 0-17 YEARS) MEMBERSHIP APPLICATION FORM

For membership year January 1-December 31, 201\_\_ (fill in Year) PLEASE PRINT LEGIBLY

Parents'/Guardians' Names:	Parents'/Guardians' Unit(s):
Minor's Name (First, Last):	Minor's Birth Year: _____ <b>Will Minor be 14 before the end of September Y / N (circle one)</b>
Mailing Address:	Phone Number:
City and State or Province, Zip or Postal Code:	E-Mail (optional):

**A new member is anyone joining for the first time or a returning former member who did not register or participate in any event in the prior year.** Memberships paid prior to January of the new year will be counted for the new year IF a member or family has not participated in any events prior to September 1 of the preceding year.

**Please check one of the following boxes.**

<input type="checkbox"/> Individual Minor (age 12-17) <b>NEW</b> Member, \$10	<input type="checkbox"/> Dependent Minor on a <b>NEW</b> Family plan. Family \$35. Dues are paid by (name): _____
<input type="checkbox"/> Individual Minor (age 12-17) <b>RENEWING</b> Member: due paid Sept. of prior year - Mar. 31, are \$10 dues paid Apr. 1 - Dec. 31, are \$20	<input type="checkbox"/> Dependent Minor on a <b>RENEWING</b> Family plan. Dues paid Sept. 1 of prior year - Mar. 31, are \$35 Dues paid Apr. 1 - Dec 31, are \$45 Dues are paid by (name): _____
<input type="checkbox"/> <b>Minor Child (age birth thru 17) in the family membership with a parent who is in the US or Canadian Military; active duty, reserve or guard.</b>	
<input type="checkbox"/> Minor Child (age birth thru 11) (Required for all children for Release of Liability page.)	

Family Membership Definitions and Requirements

"Family": 1-2 adults and their dependent children. **The two adults must share a common residence and be married or registered domestic partners.**

"**Dependent**": Any child under age 18 or any child age 18 through age 25, who is a full time student AND is 50% or more financially dependent on the parent(s)/guardian(s).

Separate Membership forms and Liability Release forms **MUST** be completed for **ALL** family members, regardless of age. Use the Adult Membership Application Form for children age 18 or older.

### WCWA Unit Affiliation Information

Check one of the following two boxes, as applicable, for the requested affiliation.

<input type="checkbox"/> Union	<input type="checkbox"/> Confederate
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Check one of the following two boxes for your primary impression/persona, as applicable, for the unit.

<input type="checkbox"/> Military Impression / Persona	<input type="checkbox"/> Civilian Impression / Persona
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**Name of WCWA Unit that Applicant is Requesting to Join:**

Parent/Guardian: For my child, I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Washington Civil War Association (WCWA). I understand that these activities are potentially dangerous, and I voluntarily accept any risk involved. I agree to be bound by the rules and policies of the WCWA, and to obey the direction of the governing officials at WCWA events.

Signature of Parent/Legal Guardian:	Date Signed by Parent/Legal Guardian:
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Parent/Guardian of Applicant: Forward this form, with the above information and the Minor General Release of Liability, to the WCWA Treasurer or Membership Coordinator. **INCORRECT OR INCOMPLETE FORMS OR FORMS WITH INSUFFICIENT PAYMENT WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE MEMBER.**

**FOLLOWING BLOCKS TO BE COMPLETED BY WCWA TREASURER AND/OR MEMBERSHIP COORDINATOR.**

WCWA Dues Paid:	Check Number:
Received by WCWA Treasurer or Membership Coordinator:	Date:

**Washington Civil War Association**  
**Minor General Release of Liability (Ages Birth through 17)**

Since reenacting is dangerous, we require all participants and legal guardians to assume all risk by signing this General Release of Liability.

I acknowledge that reenacting, black powder shooting and related activities are **HAZARDOUS** activities, and that I have made a voluntary, choice to allow my minor child to participate In those activities despite the risks that they may present. In consideration of my minor child being permitted to participate in the WCWA activities described above, I agree to assume **ANY AND ALL RISKS OF INJURY OR DEATH** which might be associated with or result from my child's participation in WCWA events.

**Parent/Guardian Initial Here** \_\_\_\_\_

I further Release, Waive, Discharge and Covenant not to sue the WCWA, the organizers of any WCWA event, the trustees of, officers of, agents of, employers of or members of the WCWA, or the owner or lessor of any property on which the WCWA conducts any activity from all liability to my child, myself, or any other party claiming an interest through myself for all loss or damage or demand therefore on account of injury to the person or property or death of my child whether caused by their **NEGLIGENCE** or for any other reason, while preparing for, practicing for, traveling to or from participating in any WCWA event.

**Parent / Guardian Initial here:** \_\_\_\_\_

I further **INDEMNIFY AND HOLD HARMLESS** the parties released above and each of them from loss, liability, damage, or claim they may incur due to my child's actions during WCWA activities whether caused by their negligence or otherwise.

**Parent or Guardian Initial Here:** \_\_\_\_\_

It is the intent of the undersigned that the above release be as broad and Inclusive as allowed by law and that if any portion is invalid, the remainder shall continue in full force and effect. The release is entered into solely for the benefit of the WCWA, its officers, trustees, agents and members; as well as event landowners and lessors; when engaged in activities which promote the participation In WCWA events, or the preparation for or travel to and from such events and does not confer a Release upon parties not acting in such capacity.

**Parent or Guardian Initial Here:** \_\_\_\_\_

I further acknowledge and accept the possibility that my child's photograph may be taken by members and general public and that said photos or videos can be made part of the public domain.

**Parent or Guardian Initial Here** \_\_\_\_\_

I, the undersigned, have read and understood this Release and all its terms. I warrant that the above is true and correct in all respects and that no oral representatives, statements or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child whose name appears below and warrant and represent that I am empowered to execute this release on their behalf. I consent to whatever medical care might be provided or available for injury occurring during the above activities. I authorize any officer of the Administrative Board of the WCWA to consent, to authorize, or contract for medical treatment for the below minor required as the result of illness or injury which occurs during the participation in or while traveling to or from any WCWA activity if I am unable to consent thereto.

Signed by Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent / Guardian name: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Submit completed application and dues to the WCWA Treasurer or Membership Coordinator.**