

**2019 Northeast Regional Youth Conference Registration Form**  
**July 12, 13, & 14 2019**  
**University of Connecticut \* Storrs CT**

Connecticut State Grange  
 43 Naubuc Ave  
 Glastonbury, CT 06033

Dawn Anstett, Youth Director  
 860-309-3217  
[youth@ctstategrange.org](mailto:youth@ctstategrange.org)

Submit completed forms and appropriate registration fees payable to "Connecticut State Grange by June 10, 2019. Send to Dawn Anstett, CT State Grange Youth Director, 235 Old North Road, Barkhamsted, CT 06063.

Name:					
Street Address:					
City:		State:		Zip:	
Phone:					
Grange Name:		Grange Number:			

Gender:	Male:		Female:		Age:		Adult T-Shirt Size	
Roommate Request:								

<b>Registration:</b>		
Full Registration (all meals, 2 persons/room, t-shirt and conference fee)	\$160.00	
Full Registration (all meals and single room, t-shirt and conference fee)	\$210.00	
Saturday Registration (Conference Fee Only)	\$35.00	
Saturday Lunch	\$16.00	
Saturday Dinner	\$20.00	
Sunday Registration (Conference Fee Only)	\$15.00	
Sunday Breakfast	\$12.00	
Conference T-Shirt (\$8.00 Adult S-XL, \$10 Adult XXL and XXXL)		
<b>Total</b>		

**Regional Competitions:**

Please indicate your age group and all contests you plan to participate in. You must have won in your State to compete at Regional with the exception of the impromptu speech and drill team.

Age	Public Speaking	Sign a Song
Youth (14-21)	Prepared Speech	Novice
Young Adult (22-35)	Impromptu Speech	Hobbyist
Adult (36+)	Radio Spot	Expert
	<b>Grange Jeopardy</b>	List Group Members Below
	<b>Drill Team</b>	

**2019 Northeast Regional Youth Conference Medical Form  
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**Name of Participant:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Age at NEYC:** \_\_\_\_\_ **Gender** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Home Address:** \_\_\_\_\_

<b>CUSTODIAL PARENT/GUARDIAN</b> (If NEYC Participant is a minor)			
Name:	_____	Home Phone:	_____
Home Address:	_____		
Phone Number where parent/guardian can be reached during NEYC:		_____	

<b>EMERGENCY CONTACTS</b> (in case parents can't be reached, or an adult participant is unable to provide information)					
Contact #1 Name:	_____	Relationship:	_____	Phone:	_____
Contact #2 Name:	_____	Relationship:	_____	Phone:	_____

<b>HEALTH HISTORY AND MEDICAL INFORMATION</b> (To be filled out by the participant's parent or legal guardian)			
Name of Medical Insurance Company:	_____		
Medical Insurance ID or Account Number:	_____		
Name of Subscriber:	_____	Relationship:	_____
Name of Family Physician:	_____	Phone Number:	_____
Address:	_____		

<b>ALLERGIES &amp; MEDICAL CONDITIONS</b> (List all known)
Please include (but not limited to) allergies to medications, foods, insect stings, hay fever, asthma, animal dander, etc.

**2019 Northeast Regional Youth Conference Guidelines**  
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**Because we care about your safety and wellbeing, we ask that the following rules be observed:**

1. The use of drugs (including alcohol) will not be permitted by anyone.
2. No smoking inside of any building. The facility/campus is a smoke-free environment.
3. All medications will be in the hands of the Youth Directors from your state, unless arranged otherwise.
4. People will not enter other people's rooms unless the doors are open. After lights out, there is NO visiting in other rooms.
5. Please conduct yourself in a manner appropriate to young adults, so as not to disrupt others.
- 6. Attendance is REQUIRED and expected at ALL scheduled events.**
7. Do not litter the area. There are suitable containers for trash.
8. There is a \$1000 fine for any fire alarms that are pulled and this will be charged to the individual or their parent(s) or guardian(s).
9. No one will open or remove anything from luggage belonging to others. Be respectful of others property.
10. You are not allowed to leave campus at anytime without permission of the Youth Directors.
11. Be considerate of participants and other in nearby rooms. Keep volume of your voice at conversational levels at all times. It is only appropriate to yell in the case of emergency.
12. You must arrange for your own transportation to and from Northeastern Youth Conference.

Participation and Leadership on everyone's part is greatly appreciated. Remember you are representing your State Grange. There will be other in the general area during the same time we are here.

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**Signature of Participant**

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**Signature of Parent or Guardian**

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**Date**

**2019 Northeast Regional Youth Conference**  
**Parent Permission, Release of Liability and Consent to Treatment**

We/I, the parent(s) (guardian) of (Name of Participant), Or for ADULTS, I:

Would like to grant myself or give our child the opportunity to participate in the Grange Northeast Regional Youth Conference that is being sponsored for the benefit, education and enjoyment of Grangers and friends from July 12-14, 2019 at the University of Connecticut , Storrs Campus, Storrs Connecticut.

We realize that my (our child's) participation in this program may involve some risk of personal injury to myself (our child) and damage our property and therefore, on behalf of our child or myself, hereby release the Connecticut State Grange, Youth Committee, Youth Directors, The University of Connecticut and any and all agents, employees and contractors, from any and all claims and legal actions for any personal injury to myself (our child) or any loss to us that results from my (our child's) participation in this event.

We further agree to indemnify and hold harmless the Connecticut State Grange, Youth Committee, Youth Directors, The University of Connecticut and any and all agents, employees and contractors, from any and all claims and legal actions for any personal injury to myself (our child) or loss to us and for any personal injury to other persons and damage to other personal property that may result from my (our child's) participation in this event.

We hereby grant to the Connecticut State Grange, it's employees and agents, full authority to take whatever actions that they may consider to be warranted under the circumstances regarding the health and safety of myself or child, without further consent and at my (our) expense, for any medical treatment or from a hospital, medical doctor or nurse. I grant permission for medical aid to be given to my child in case of any emergency.

We understand that this is a supervised event and that group standards of consent must be observed. I will agree or We will instruct our child to comply at all times with the Connecticut State Grange and University of Connecticut rules, standards, and instructions for participation and behavior. We agree that Connecticut State Grange, its employees and agents, shall have the right to enforce appropriate standards of conduct and that they at any time can terminate my (our child's) participation in this event for failure to behave according to these standards or conduct which they consider to be incompatible with the interests, comfort and welfare of other participants in the event or its supervisors. If my (our child's) participation is terminated, we consent to his/her being returned to my/our home and my/our expense.

Participants will be held responsible for expenses incurred for damages to facilities, equipment or missing items. Our Signature(s) below indicate that I/we have read and freely signed this agreement.

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**Signature of Participant or Parent/Guardian**

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**Date**