



Junior AANR Midwest (JAM)
MEMBERSHIP APPLICATION

This completed Membership Application **MUST** be returned to the
JAM Director along with
**The Medical, Consent, Code of Conduct Forms,
And \$5.00 membership dues.**

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Birth Date: _____ Age: _____

Male:

Female:

Home Club Name: _____

Parents or Legal Guardian: _____

AANR Card Number: _____

Phone: (_____) _____ - _____ (For Emergency Contact Only)

Signature: _____ Date: _____

Witness: _____



Junior and Midwest (JAM)

MEDICAL FORM

In Case Of an Emergency, Notify:

Name: _____ Relationship: Parent () Guardian ()

Home Phone: (____) _____ - _____ other: (____) _____ - _____

Child's Physician: _____ Phone (____) _____ - _____

Hospital of Record: _____ Phone (____) _____ - _____

Insurance Company (Medical) _____

Policy Number: _____

The Following information is needed at any hospital or practitioner not having access to the Minor's Medical history.

Allergies: _____

Medication Being Taken: _____

Date of Last Tetanus Shot: _____

Physical Impairments: _____

Other pertinent facts regarding the physical condition of the child: _____

I/We give consent that in the event that I/We cannot be reached in an emergency, a licensed physician, or health care provider selected by the adult leader in charge may administer any treatment deemed necessary for the health and safety of the child.

Signed: _____

Signed: _____

Date: _____



Junior AANR Midwest (JAM)

Consent form

I/We, _____ being the Parent(s)/ Guardian(s) of:

Name: _____ Birth Date: ____/____/____

Address: _____ City: _____

State _____ Zip: _____ Home Club: _____

Do give permission to attend and participate in the JAM Activities at the AANR Midwest Convention at

FERN HILLS RESORT IN BLOOMINGTON, INDIANA

The convention runs from _____ through _____.

We also agree that he/she bring a medical consent form fully completed and signed so that our “Junior”

May attend and enjoy the activities.

Signed: _____

Signed: _____

Date: _____

Please Check One Box. In order for the JAM program to be successful, we need adult assistance with sporting events and evening activities. Indicating “Yes” below does not mean you will be required to participate in all evenings or all events. We will work with your schedule. Please Help. Thank You.

Evening Activities:

Yes – I would be willing to provide transportation to an evening activity.

NO – I would not be willing to provide transportation to an evening activity.

Day Activities Including Sporting Events

YES – I would be willing to participate in JAM day activities.

NO – I would not be willing to participate in JAM day activities.



JAM CODE OF CONDUCT

FERN HILLS Resort is a Family Nudist Resort. It is not clothing optional, therefore JAM will be expected to adhere to the following rules:

- A. Nudity - Nudity is expected at all times, with the normal exceptions. Keep your towel handy, remembering to sit on it and **DO NOT USE IT AS SUBSTITUTE CLOTHING**. Dress and undress for comfort.
 - 1. Menstrual cycles
 - 2. Weather Permitting
 - 3. Safety
 - 4. Over-exposure to the Sun
 - 5. Bugs
 - 6. Proper Footwear
 - 7. No swimwear will be permitted in the pools or Hot Tubs
- B. Respect your body – Respect others –
- C. **NO IMPROPER TOUCHING-or remarks.**
- D. Please Be On Time – It is very rude to keep others waiting. Meetings and events will have a set time. Be prompt and ready.
- E. Respect Authority – Listen and learn
- F. Language - Improper Language can be offensive to others. There will not be any foul Language of any sort.
- G. NO SMOKING, ALCOHOL or CONTRABAND**
- H. NO FIGHTING OR ROUGH “HORSEPLAY”.**
- I. Quiet Hours – Curfew is Midnight, except in conjunction with organized activities. FERN HILLS Quiet Hours are 12 to 8 A.M.
- J. JAM activities include “off site” trips. Proper behavior is expected at all times during these activities.

I have read and agree to conduct my actions according to the CODE OF CONDUCT, and other instructions, which I might receive while at the JAM Convention and OFF SITE TRIPS.

Signed: _____ Date: _____

