



To: **Georgia Orienteering Club**
4738 City View Dr.
Forest Park, GA 30297

We hereby apply for a Youth Group membership in the Georgia Orienteering Club.

Group Name _____

School Name _____

-or- Scout Troop _____

Adult Advisor/Contact _____

C/O _____

Street _____

City/State/Zip _____

Phone(s) _____

Email _____

Check One: _____ New/Renewing Group Membership

_____ Additions to current Group Membership

GAOC Youth Group dues: (due only if new or renewing group membership at this time)

Annual base rate equivalent to GAOC Family Membership dues (\$15.00) = _____

Total number of individual membership permission/waivers attached _____ x \$ 5.00 = _____

Equals total amount due to with this application (total all lines) _____

Make check payable to: Georgia Orienteering Club

Requirements:

In order to qualify for a Youth Group membership in the Georgia Orienteering Club, an organization must fulfill the following conditions:

1. The group must be affiliated with a school or scout troop. All persons within the group membership must be active students, members, instructors or leaders of the affiliated organization or parents actively assisting the instructor or leader on a continuing basis.
2. GAOC group memberships are annual from the day of the GAOC Treasurer's receipt of the group application. Additional members may be added at any time by the adult advisor/contact by following the same procedure, but their membership will expire one year from the date of the original group membership.
3. The adult advisor/contact of the group must fill out this form and attach individual Youth Group membership applications (2nd sheet) for each individual member which include permission and a waiver signed by the member if age 18 or over, or by the member's **parent/legal guardian** if under age 18. The forms are to be submitted to the GAOC Treasurer at the address at the top of the application with a fee of \$15 plus \$5.00 per group member. Do not turn these memberships in at an event.

GEORGIA ORIENTEERING CLUB
Youth Group Membership Application
Individual Belonging To Member Group

This form allows the participant to provide one Waiver of Liability for a full year of Orienteering events. You are not required to do so, you can sign for each event, but participants under age 18 will not be allowed to participate without a valid waiver on the day of the event. Please read the waiver and provide your information and signatures as indicated. A Parent/Legal Guardian must sign separately for each Minor Child under age 18.

Waiver and Permission to Participate

In consideration of the acceptance of this application, intending to be legally bound, I do hereby for the applicant, his parents/guardians, heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the United States Orienteering Federation, the Georgia Orienteering Club and its members, the school and/or scout group sponsoring this membership, and other public and private land owners and lessees, their representatives, successors, and assigns for any injuries resulting from participation in Georgia Orienteering Club events for one year from the date of receipt of the group application.

I further attest that I recognize that participation in orienteering events may pose a risk of injury. The risks may cause minor injuries, serious injuries or in extreme circumstances even death. I also understand that the risks associated with orienteering may be caused by the participant through his or her own actions, or inaction, or the actions or inaction of others participating in the activity and that there may be other risks either not known or not readily foreseeable.

I also attest that the person named in this application is physically fit, able and qualified to participate in orienteering events. I agree to the terms of this waiver for the duration of the annual club membership and if I determine at any time that I have concern about further participation, I will not allow my child to participate, or if I am the participant, I will immediately discontinue further participation in the activity.

_____/_____
Signature of Adult Participant / Print Name / Date
Adult Participant Birth Date _____ Gender _____

If Participant is under age 18, Print Name of Minor Child / Minor Birth Date / Gender

School/Group_____

Signature of Parent/Legal Guardian of Minor Child / Date

Print Name of Parent/Legal Guardian signing this application

Contact information: (for parent/legal guardian if minor)

Street _____

City/St/Zip _____

Phone/s _____

E-mail/s _____