

clan maccolin membership application



Name: _____ Clan Persona Name: _____
 Address: _____ City: _____ St.: _____ Zip: _____
 Check here if you wish to be kept OUT of the Clan MacColin Directory. Male Female
 Home Phone:(____)-____-____ Work Phone:(____)-____-____x____ OK Need Emerg
 Cell Phone: (____)-____-____ Provider: _____ Mobile-mobile OK Need Emerg
 Social Security#: ____-____-____ CDL: _____ Date of Birth: __/__/____ MSN name: _____
 Email, HP Address: _____ Publish: Yes No
 Emergency Party: _____ Phone:(____)-____-____
 Dr./HMO: _____ Phone:(____)-____-____
 Faire Friend: _____ Where: _____
 Medical Conditions: _____
 Drugs Used/Carried: _____
 Drug Sensitivities: _____
 Notes: _____
 Current Red Cross __/__/____ CPR: __/__/____ Other: __/__/____ (____)

By my mark I request admittance to **Clanna MacColin of Gleannadoire**. I offer my calp, and pledge my acceptance of the command of the Chief and to his Officers, who speak with his voice.

X _____ x _____ x _____
 applicant..... sponsoring member..... household

I, _____ hereby state my intention to participate in the supervised activities of Clan MacColin. I declare that I am fully cognizant of the dangers presented to my person and property by said participation, and do fully and completely assume such risks solely to myself, holding harmless all others from liability for such damage or injury as I may suffer thereby. Especially do I hold harmless the Chief and Officers of Clan MacColin.

Registered Mark:

Signed :**X** _____ Date: __/__/____

For Participating Minors:(Complete both below)

I, _____, Parent or Legal Guardian of _____ do hereby declare my full understanding of his/her desire to participate in the activities of Clan MacColin. I declare that I have made myself aware of the dangers to his/her person by such participation and do hold harmless the Chief, Officers, and participants in such supervised activities of Clan MacColin.

Signed :x _____ Date: __/__/____

I/We the undersigned, the Parent(s) or Legal Guardian of _____ authorize His/Her participation in the activities of Clan MacColin. In the event of injury and/or illness while I/We are absent, the undersigned authorize Steven Gillan, Chief of Clan MacColin, or one of his warranted Officers as the Agent for the undersigned to consent to any emergency treatment and/or hospital care, which is deemed necessary by, and is to be rendered under the general or special supervision of, any physician, surgeon or qualified emergency personnel. The undersigned also further agree to waive and discharge Clan MacColin and any of its Officers for any and all claims, actions, demands and costs whatsoever, which may hereafter accrue on account of, or arising from the normal and supervised activities of Clan MacColin.

Signed :x _____ Date: __/__/____
 Signed :x _____ Date: __/__/____