



California-Nevada-Hawaii KIWIN'S

32nd District of Key Club International

Membership Application



Last _____ First _____ M.I. _____ ID Number _____ Grade _____ Sex _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Facebook (circle one): Y N Best Method of Contact _____

How did you hear about KIWIN'S?

- Returning member
 Publicity
 Teacher
 Word of mouth
 Kiwanis-Family
 Other _____

CLASS SCHEDULE	CLASS	TEACHER	ROOM
PERIOD 0			
PERIOD 1			
PERIOD 2			
PERIOD 3			
PERIOD 4			
PERIOD 5			
PERIOD 6			
PERIOD 7			

Hobbies, interests? _____

Suggestions or ideas? _____

(OFFICER USE ONLY)

CLUB _____ Dues Paid Amount: \$ _____ Date: ___ / ___ / ___

Cash Check Check # _____ Officer Initial: _____



Consent to Attendance at KIWIN'S Events and Medical Authorization

I am a parent or legal guardian of _____ (my child) and give my consent as follows:

1. for my son/daughter to attend all official functions of the California-Nevada-Hawaii KIWIN'S.
2. my son/daughter to be transported to these events by scheduled commercial transportation or an adult operated vehicle.
3. any responsible adult who is acting as a chaperone for my child is authorized to obtain any medical and/or dental treatment for my child which the chaperone in their sole discretion may deem necessary. Any medical doctor, dentist, hospital or other treatment facility is requested to cooperate with the chaperone if they request medical or dental treatment for my child. This medical authorization shall include but shall not necessarily be limited to hospitalization, out patient treatment, the giving of medications, injections, blood transfusions, surgery, x-rays, physical therapy or any other forms of medical or dental treatment whether or not specifically listed herein; provided however, that the adult consenting or authorizing such treatment shall have first attempted to contact me at the telephone number set forth below unless the need for treatment results from emergency situations that require immediate treatment such that a prior attempt to contact me is not practical or reasonable.

My child has the following known allergies or medical conditions: (none) _____

My child is taking the following medications: (none) _____

Medical Insurance Policy Carrier _____

Policy Number _____

Dated: _____

(parent) (legal guardian)

(emergency phone number)

KIWANIS Member: _____ Division: _____

KIWANIS RELEASE

Service Leadership Programs

The Service Leadership Programs group known as the _____ sponsored by the Kiwanis Club of _____, hereinafter "SERVICE LEADERSHIP PROGRAMS", from time to time at meetings, service projects and promotional events of Kiwanis and of our SERVICE LEADERSHIP PROGRAMS, will take photographs of the SERVICE LEADERSHIP PROGRAMS members and guests for publication in Kiwanis/SERVICE LEADERSHIP PROGRAMS newsletters, bulletins, web sites and promotional material for Kiwanis, SERVICE LEADERSHIP PROGRAMS organizations and other community based organizations and groups.

I, the undersigned, hereby agree to allow Kiwanis to use my picture, image, name, business name, logo, service mark and/or name for any Kiwanis promotion and activity. I may withdraw this authorization at any time and Kiwanis will have thirty (30) days to remove my picture, image, name or other reference to me and/or my business.

I hereby release Kiwanis, Kiwanis SERVICE LEADERSHIP PROGRAMS groups, its agents, representatives, directors, officers and members from all liability from any and all injuries that may occur by the use of my picture, image, name or other material stated herein. It is understood and agreed that all rights under Section 1542 of the California Civil Code are hereby waived. Said Code reads as follows: "A GENERAL RELEASE DOES NOT EXTEND TO THE CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR".

I have read and agree to all terms and conditions stated herein.

Dated _____

Parent/Guardian Signature

Print Name

Please Mail:

Bruce Hennings, Director
Service Leadership Programs
Cal-Nev-Ha Kiwanis District Office
8360 Red Oak Street, Suite 201
Rancho Cucamonga, CA 91730

Or Fax To:

Cal-Nev-Ha District Office
(909) 989-7779