



Message Service Community
JUNIOR CATHOLIC DAUGHTERS OF THE AMERICAS
MEMBERSHIP APPLICATION

Date _____ Date of Birth _____ Age _____ Grade _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ E-mail address _____

Senior Court Name and No. _____

City of Court

Signature of Applicant

Signature of Parent or Guardian

Signature of Court Chairman

Photo Release

I give permission for my daughter to be photographed or videotaped during JCDA functions and shared for publicity.

Signature of parent or guardian

Date

*****TO BE COMPLETED BY COURT SPONSOR*****

Date Application Received _____ Date of Reception _____

Date of Institution (New Court Only) _____

Please forward this application and the Reception Report to the State Junior Catholic Daughter Chairman within seven (7) days following the reception of new members. (Newly instituted courts attach New Court Registration Form)



JUNIOR CATHOLIC DAUGHTERS OF THE AMERICAS

COURT _____

MEDICAL RELEASE

To whom it may concern:

_____ has my permission to attend all functions planned and chaperoned by the leaders of the JCDA court _____. I understand that I will be notified, in advance, of any activities that take place away from _____ Parish. I permit Hospital Care Physicians and any other physician he/she may wish to delegate, to render any medical/surgical treatment required for the above-named patient in my absence.

Parent/Guardian Signature Date

EMERGENCY CONTACT

Name Relationship Telephone Number

ALTERNATE EMERGENCY CONTACT

Name Relationship Telephone Number

MEMBER'S MEDICAL HISTORY

Allergies, if any

Last Tetanus Immunization _____

Medications _____

Other _____

Health Insurance Carrier _____ Policy Number _____