

Attendance Form

Junior's Name: _____ Date of Birth _____

Unit/Post _____

Junior's Grade _____

Phone Number: _____

Photo Release Form for Minors (if under 18)

The Camden County American Legion Auxiliary has my permission to use my or my child's photograph publically to promote the Junior's Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____