



FORM 400

2016 MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN

Administrative Use Only
Membership # _____
Total Paid: \$ _____
Payment: Cash or Credit Card or Check Check # _____
Date Received: _____
Date Approved: _____
Date Card Issued: _____
Database Entry Date: _____

INSTRUCTIONS: FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT TO THE N.C.W.A. SECRETARY, EITHER IN PERSON OR VIA MAIL AT:

3807 ELSTON AVENUE, OAKLAND, CA 94602

PLEASE NOTE: AT THE MINOR STUDENT'S FIRST EVENT OF 2015, PLEASE MAKE SURE HE OR SHE COMPLETES AND SUBMITS ALL REQUIRED SAFETY TEST(S) RELATED TO THEIR UNIT'S IMPRESSION TO THEIR UNIT COMMANDER FOR APPROVAL AND DELIVERY TO THE NCWA SECRETARY. FOR 2015, THE N.C.W.A. IS USING THE SAFETY TESTS APPROVED BY THE SAFETY STANDARDS SETTING ORGANIZATION PACIFIC AREA CIVIL WAR REENACTORS (P.A.C.W.R.).

PART I: MEMBERSHIP TYPE

CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN": This membership category is for minor students (generally 8th grade through 12th grade) who desire to participate in NCWA programs, and have a family that does not wish to actively participate. This special category of membership requires the agreement of a minor student, the minor student's parent(s) or legal guardian(s), and a current adult member of the NCWA who is willing to be appointed as temporary guardian of the minor student at events. The minor student will receive a standard INDIVIDUAL membership in the NCWA, and the minor's parent(s) or full-time legal guardian(s) will receive a SUPPORTING INDIVIDUAL membership(s), with all the rights and responsibilities thereof, which will enables the minor's parent(s) or full-time legal guardian(s) to have access to their child during events.

NOTE: NCWA membership payments are fully tax deductible if you itemize your deductions on IRS Schedule A.

CATEGORIES OF MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN MEMBERSHIP	PAYMENT
<input type="checkbox"/> NEW <i>The minor student has not previously been a member of the National Civil War Association.</i>	\$20
<input type="checkbox"/> RENEWING <i>The minor student has previously been a member of the National Civil War Association.</i>	\$20

PART II: MINOR STUDENT MEMBER INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name _____	First Name _____	Middle Initial _____
Mailing Address _____		
City _____	State _____	Zip _____
Date of Birth _____	Home Phone _____	Cell Phone _____
E-Mail _____	School Interests _____	

PART III: SUPPORTING PARENT OR GUARDIAN'S INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name	First Name	Middle Initial
_____	_____	_____
Date of Birth	Home Phone	Cell Phone
_____	_____	_____
E-Mail	Occupation	
_____	_____	

Check this box to confirm that the Supporting Parent or Guardian is the emergency contact for the Minor Student indicated in Part II. Otherwise, attach an extra sheet with the full name, date of birth, contact phone numbers, e-mail address, and mailing address of the designated emergency contact.

Check this box to indicate the Supporting Parent or Guardian's address is the same as the Minor Student's address indicated in Part II. Otherwise, please fill out the mailing address information below.

Mailing Address

City

State

Zip

PART IV: LEGAL ASSERTION OF TEMPORARY ASSIGNMENT OF GUARDIANSHIP WITH SIGNATURES

I _____, Parent or Legal Guardian's Name, hereby authorize _____, Temporary Assigned Guardian's Name, to serve as the temporary guardian of my minor child, _____, Minor Child's Name, and permit my minor child to participate in events with the National Civil War Association during the 2015 calendar year.

I understand and acknowledge that the above-named individual shall be responsible for my child. I further Release, Waive, and Discharge the NCWA, the organizers of any NCWA event, the trustees of, officers of, agents of, employees of, or members of the NCWA, or any owner or lessor of any property on which the NCWA conducts any activity, from, and Covenant Not to Sue them for, any and all liability to my child, myself, or any party claiming an interest through myself or my child, for any and all loss or damage or demand therefore on account of injury to the person or property or death of my child, whether or not caused by their NEGLIGENCE or for any other reason, while preparing for, practicing for, traveling to or from, or participating in any NCWA event.

I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the parties released above, and each of them, from any loss, liability, damage or claim they may incur due to injury to or death of my child, damage to any property whether belonging to my child or others, or the presence of or my child's actions during any NCWA event, whether or not caused by their negligence or for any reason.

Parent or Legal Guardian's Signature: _____ **Printed Name:** _____ **Date:** _____

I _____, Temporary Assigned Guardian's Name, accept the responsibilities of acting as the guardian for _____, Minor Child's Name, to permit him/her to participate in the activities of the National Civil War Association during the 2015 calendar year. I certify that I am at least twenty-one (21) years of age, that I am a member in good standing with the NCWA, and that I acting as temporary guardian for not more than two (2) minors at any given event.

Temporary Assigned Guardian's Signature: _____ **Printed Name:** _____ **Date:** _____

Membership Number (If Known): _____ **Unit Name:** _____

PART V: STATEMENT OF EMERGENCY INFORMATION

Medical Insurance Carrier/

Plan Name: _____

Medical Plan Number: _____

Medical Plan Membership

Number: _____

Medical Plan Contact

Phone Number: _____

Check this box to indicate that a photocopy of the minor child's insurance card has been attached to this form. While this is not legally necessary so long as the rest of PART II is completed, including this attachment ensures medical care (if needed) cannot be denied.

PART VI: WAIVER

INTER-ORGANIZATIONAL ASSUMPTION OF RISK, RELEASE OF LIABILITY, & INDEMNIFICATION AGREEMENT.

REENACTING IS DANGEROUS, AND IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN REENACTING EVENTS ALL PARTICIPANTS MUST SIGN THIS AGREEMENT.

I acknowledge that reenacting events, black powder shooting, and related activities are **DANGEROUS** and entail known and unknown risks that may result in emotional injury, personal injury or **DEATH** to me, or damage to my property, or to other persons or parties, or their property. Such risks of loss, injury or **DEATH** include, but are not limited to: burns, cuts, terrain conditions, heat prostration and related conditions can result from the use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host(s), rescue efforts or medical attention provided by anyone connected to the reenacting event, cardiac conditions, falls, or contact with animals.

1. **ASSUMPTION OF RISK:** With full knowledge and appreciation of the dangers, I have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I voluntarily agree to assume sole responsibility for **ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" as defined below.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

2. **RELEASE:** I, on behalf of myself and any party claiming an interest through me (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily **RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE**, the National Civil War Association; the trustees of, officers of, agents of, employees of, or any members of the National Civil War Association; any owner, lessor, or lessee of any property on which the National Civil War Association (hereafter known as the "released party") may conduct any activity; or the sponsors or the organizers of any reenacting events from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person (**INCLUDING DEATH**) or property, whether caused by their **NEGLIGENCE** or for any other reason, excepting only the gross negligence or willful or wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

3. **INDEMNIFICATION:** I agree to **DEFEND, INDEMNIFY AND HOLD HARMLESS** the "released party" from any loss, liability, damage, claims or costs, including court costs and attorney fees, that they may incur arising out of, or related to, my participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

4. **SEPARATION OF RELEASEES:** I agree that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my assumption of the risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

5. **BREADTH:** It is the intent of the undersigned that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California law. If any clause, subclause or portion of any sentence is held invalid, I agree that the balance shall continue in full force and effect.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

6. **MEDICAL CONSENT/RULES:** I consent to whatever medical care might be provided or available to me for any injury occurring during my participation in reenacting activities or events. I further agree to be bound by, and abide by, the rules of the released party while participating in any event or activity sponsored by, or affiliated with, them.

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

7. **WARRANTY:** I have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I warrant that no representations, statements or promises have been made to me to induce me to execute this agreement and the I do so voluntarily

INITIAL OF PARENT OR GUARDIAN HERE _____ **INITIAL OF MINOR HERE** _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: ____/____/____

Printed Name of Minor: _____

Signature of Minor: _____

Date: ____/____/____

PART VII: MINOR STUDENT'S AFFILIATION	<input type="checkbox"/> "GREENHORN" NEW MEMBER
--	--

NEW MEMBERS: Your first year with the NCWA is generally focused on the development of your period impression. Depending upon what your interests are, you could immediately **join a unit** that appeals to you. Or if you have only a general idea of the part of history you wish to portray, you can **join a corps** to become familiar with the units available in that corps before choosing your unit. Or if you want to join now, and figure out your impression later, check the box above marked **"GREENHORN" NEW MEMBER**, and an NCWA representative will contact you and help you with selecting an impression that is right for you. If you join a corps or register as a Greenhorn, when you pick your unit, please complete and submit the *NCWA Transfer Form* to let us know your selection.

RENEWING MEMBERS: Please indicate your unit (or corps) of record below. If you wish to change your unit of record, please submit a completed *NCWA Transfer Form* to the NCWA Secretary for processing. Transfer forms may only be submitted once per year.

<u>CORPS of the NCWA</u>	Check the box next to your corps of record, or the corps you are joining.
---------------------------------	---

- | | | |
|---|---|--|
| <input type="checkbox"/> CONFEDERATE CORPS | <input type="checkbox"/> UNION CORPS | <input type="checkbox"/> CIVILIAN CORPS |
|---|---|--|
- FOR NEW MEMBERS ONLY: Your Selected Brigade Commander's Signature is Required:*
- Signature: _____ Date: _____

<u>UNITS of the NCWA</u>	Check the box next to your unit of record, or the unit you are joining.
---------------------------------	---

- | | | |
|---|--|---|
| C.S. ARMY OF NORTHERN VIRGINIA
<input type="checkbox"/> 5th Alabama Infantry
<input type="checkbox"/> 9th Virginia Cavalry
<input type="checkbox"/> 12th Virginia Volunteer Infantry
<input type="checkbox"/> 15th Alabama Hospital
<input type="checkbox"/> James River Squadron
<input type="checkbox"/> Norfolk Light Artillery Blues | U.S. ARMY OF THE POTOMAC
<input type="checkbox"/> 1st U.S. "Berdan's" Sharpshooters
<input type="checkbox"/> 2nd Mass. Vol. Cavalry "Cal 100"
<input type="checkbox"/> 7th Michigan Volunteer Cavalry
<input type="checkbox"/> 7th West Virginia Volunteer Infantry
<input type="checkbox"/> 69th NY "Irish Brigade" Vol. Infantry
<input type="checkbox"/> 71st Penn. "CA Brigade" Vol. Infantry
<input type="checkbox"/> 79th NY "Highlanders" Vol. Infantry
<input type="checkbox"/> U.S. Artillery Reserve
<input type="checkbox"/> U.S. Medical Corps | AMERICAN CIVILIANS
<input type="checkbox"/> Greenville Ladies Aide Society
<input type="checkbox"/> NY Irish Solider Relief Society
<input type="checkbox"/> Townspersons
<input type="checkbox"/> Trades & Professions Guild
<input type="checkbox"/> Working Woman's Guild & Sons |
|---|--|---|
- FOR NEW MEMBERS ONLY: Your Selected Unit's Commander's Signature (or other authorized signatory) is Required:*
- Signature: _____ Date: _____

Interested in forming a new unit? Fantastic!

Just write out the name of the historical unit you would like to recreate with the NCWA in the box below, and a member of the Administrative Board (or an authorized appointee thereof) will contact you to go over the process involved in creating a new unit.

Proposed Unit Name	Unit Corps Affiliation
--------------------	------------------------

PART VII 1/2: SHAMELESS SELF-PROMOTION

Money is the life-blood of all organizations, and this is your opportunity to give the NCWA a transfusion!

The NCWA works to keep dues low so everyone can have the opportunity to participate in making our shared history come to life. Our organization makes this all happen on a modest budget, so if you do have the ability to add even a small amount to your membership dues payment as an additional, tax deductible donation, every dollar will go to ensuring that Civil War Reenacting can continue into the future for many year to come!

- | | |
|---|--|
| <input type="checkbox"/> Yes! I will bolster the NCWA's financial standing with a generous donation in addition to my membership dues payment! I have enclosed the additional amount indicated to the right to help bring history to life for my fellow Americans!

<input type="checkbox"/> Not right now, and thanks for asking! | <input type="checkbox"/> \$5.00
<input type="checkbox"/> \$25.00
<input type="checkbox"/> \$75.00
<input type="checkbox"/> \$10.00
<input type="checkbox"/> \$50.00
<input type="checkbox"/> \$100.00
<input type="checkbox"/> Other Amount: _____ |
|---|--|

PART VIII: QUESTIONS FOR MINOR STUDENT

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS!

Your answers aide the NCWA in efficiently coordinating members, organizing events, and answering key questions on grant applications.

COMMUNICATIONS

Your answers enable us to get essential organization information to you in the way that works best for you.

Mailing Preferences: Please indicate your preferred means of receiving important NCWA information, including the **Dispatch**, the NCWA’s official newsletter.

- E-mail preferred** (default preference, unless another choice is made)
- USPS for the Dispatch, E-mail for all other Communications.**
- USPS Mail Preferred** (*Remember, this choice consumes NCWA Resources and is offered primarily for people who do not use e-mail*)

Facebook Connection: Please select all that apply:

- I am or will be a member of the private **NCWA Closed Group Page**
- I have liked or will like the public **NCWA Non-Profit Organization Page**
- I do not use Facebook

YouTube Channel: Please select one option:

- I have subscribed or will subscribe to the **NCWA YouTube Channel**
- I do not subscribe to YouTube channels

ORGANIZATION

Your answers enable us to successfully run the NCWA.

Certifications: Please select all that apply:

- I am currently certified in 1st Aid
- I am currently certified in CPR

Educational Availability: Please select all that apply:

- I plan to attend the NCWA’s Gibson Ranch Event school day on May 1, 2015

Connections: If you are a member of any other history-related organizations, please let us know so we may better coordinate with them:

Skills: Please indicate if you have any of the following skills and would be willing to volunteer the use of your skills to help run the NCWA:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Attorney/Paralegal |
| <input type="checkbox"/> Sound/PA | <input type="checkbox"/> Public Speaking/Acting |

Committees: Please indicate all committees or activities you have an interest participating in (and remember, the strength you add to our committees and activities, is strength you add to the NCWA!):

- | | |
|---|---|
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> Rules/Bylaws Committee |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> First Aide Team |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Rank Ratio Committee |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Student Internship |
| <input type="checkbox"/> Recruiting Committee | |

DEMOGRAPHICS

Your answers enable us to answer common questions encountered on nonprofit grant applications.

How many years have you been re-enacting? _____

What race would OTHERS DESCRIBE YOU as? _____

What ethnic or racial identity would YOU DESCRIBE YOURSELF as having? _____

PART IX: SUPPORTING PARENT OR GUARDIAN'S RELEASE OF MINOR AND SIGNATURE

I, the parent or guardian of the applicant, by paying the membership dues of the National Civil War Association and executing all the pages of this application, agree to abide by the By-Laws, Rules and Regulations governing the National Civil War Association, Inc. (NCWA) and all applicable subsidiaries thereof, and release them from any and all obligations. I voluntarily release, waive, discharge, and covenant not to sue the NCWA for any losses I may incur in connection with this membership. I agree to defend, indemnify, and hold harmless the NCWA from any loss, liability, damage, claims or costs that may arise out of my membership. I hereby certify that all statements made on this application are true and correct to the best of my knowledge, and understand that any false statement will subject me and/or my minor child to disqualification or dismissal. I consent to your seeking information on any of the above information and that I hereby release from liability all persons and organizations furnishing such information.

I, the undersigned, have read and understood this application and all of its terms. I warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child for whom this application applies. And warrant and represent that I am empowered to execute this release on his or her behalf, and allow them to participate to the fullest extent that is allowed under this organization's bylaws and rules, as well as any applicable laws.

Print Name:

Signature:

Date: ____/____/____

PART X: MINOR STUDENT'S APPLICATION SIGNATURE

I, the applicant, by paying the National Civil War Association annual dues and executing all the pages of this application, agree to abide by the By-Laws, Rules and Regulations governing the National Civil War Association, Inc. and all applicable subsidiaries thereof, and release them from any and all obligations. I hereby certify that all statements made on this application are true and correct to the best of my knowledge, and understand that any false statement will subject me to disqualification or dismissal. I consent to your seeking information on any of the above information and that I hereby release from liability all persons and organizations furnishing such information.

Print Name:

Signature:

Date: ____/____/____