

MOOSE YOUTH AWARENESS SCHOLARSHIP STUDENT CONGRESS

2022-2023 year.

WHERE: FORT PIERRE, MOOSE LODGE #1813

WHEN: OCTOBER 1, 2022

TIME: 10:00 AM- CST

WHO: FRESHMAN THRU SENIORS- (YOU MUST ATTEND THIS CONGRESS FOR ELIGIBILITY)

STUDENTS WISHING TO PARTICIPATE MUST ATTEND THE STUDENT CONGRESS. THIS IS WHERE THEY WILL LEARN ABOUT THE REQUIREMENTS, MATERIALS AND FORMS TO DELIVER THEIR MOOSE TALKS TO OUR 4 TO 9 YEAR OLDS IN THE SCHOOLS AND COMMUNITIES.

SPEAKERS:

GREG SWANSON: 10:30 AM- STANLEY CO. CHIEF DEPUTY SHERIFF

SHIRLEY SWANSON: STANLEY COUNTY ELEMENTARY TEACHER WITH 46 + YEARS OF SERVICE

TREVOR SWANSON: 11:30 AM- Detective, PIERRE POLICE DEPT.

TREVOR IS ALSO A THREE TIMES YOUTH AWARENESS STUDENT

MICHAEL SHARP. ESQ. THE SHARP FIRM PROF.L.L.C.

MICHAEL WILL BE PRESENTING THE SAFE SURFIN' INFORMATION

Greg and Trevor will provide valuable information on parent-students involvement attending this congress, and information while attending International competition.

Shirley Swanson, will provide valuable knowledge on student's behavior patterns. As a 6th Grade teacher she sees negative behavioral patterns already developed , she fully believes get them turned around while they are young.

NORMA TIBBS: Dakota Moose Association Youth Awareness Chairman

CONTACT NORMA TIBBS: PHONE 605-223-2051 OR 605-222-7983

MAIL ALL COMPLETED FORMS BY SEPT. 28, 2022 TO:

NORMA TIBBS, 26986 BAD RIVER ROAD, FT. PIERRE SD. 57532

Email: normatibbs@gmail.com

MOOSE YOUTH AWARENESS PROGRAM ASSOCIATION CONGRESS CONSENT FORM

I, the undersigned parent/guardian of _____ ("my child"), a minor, hereby give my consent for him/her to attend the Moose Youth Awareness Congress at _____ on _____, 20__.

In consideration for my child being allowed to participate in this event, I hereby authorize the provision of all necessary emergency (as defined by local and national medical standards) medical care to my child (including medical, dental and/or surgical) and attach a current, valid copy of my medical insurance card to this agreement. I agree that neither Moose International, Inc.,

the (state you're in) _____ Moose Association ("Association"), nor

(name of Moose Lodge) _____ Lodge No. _____, Loyal Order of Moose, Inc. ("Lodge") shall have any financial responsibility for the emergency medical care provided to my child. I also agree to fully defend, indemnify and hold harmless the Lodge, the Association and Moose International, their respective agents, volunteers, employees, directors, officers, successors and assigns from and against any and all losses, damages, claims and causes of action brought by or on behalf of my child, with the exception of losses arising from their sole gross negligence. I further agree this agreement shall be binding upon my heirs, successors and assigns.

REGISTRATION INFORMATION

Student's Name: _____ Sex (circle one) Male Female DOB _____

Class of _____ Student's Phone _____ Student's email _____

Student Address: _____ City: _____

State/Province _____ Zip: _____

Parent/Guardian Name(s): _____

Address if different from student: _____ City: _____

State/Province _____ Zip: _____ Parent Phone: _____

Parent Email: _____ School Name: _____

School Phone: _____ Address: _____

City: _____ State/Province: _____ Zip: _____

PUBLICITY RELEASE

Moose International may use my child's name and photograph in publicity concerning the Moose Youth Awareness Program.

Signature of Student Representative: _____

Dated this: _____ day of _____, 20__.

Signature of Parent or Guardian

Signature of Parent or Guardian