

## **NEYC Information – 2018**

Greetings Fellow Campers this year we chose a camp in Brooks, Maine Fair Haven Camp.

ME State Youth Director: Terry Lee LaCombe-Stevens  
Packets can be found on the Maine State Grange Website-  
mainestategrange.org.

All completed NEYC packets (with all completed registrations for all youth in your state sent in one envelope) can be mailed to the Maine State Grange, 146 State Street, Augusta, ME 04330 attention Terry Lee LaCombe-Stevens, Director.

Terry Lee Lacombe-Stevens (207) 356-2492  
[terryllacombe@gmail.com](mailto:terryllacombe@gmail.com)

\*\* Directions to Fair Haven Camps, Brooks, Maine, drill rules, schedule of events, “what to bring” list, etc. will be mailed to all Directors soon.

\*\* This years’ Sunday Church Service will be put on by the State of Connecticut.

We look forward to hosting you all this year! We have a lot of fun ideas for the conference and will get more information out to you ASAP. Please call with any questions.

Fraternally,

Terry Lee LaCombe-Stevens, ME Youth Director

## **Northeastern Youth Conference Guidelines**

Because we care about your safety and well-being, we ask that the following rules be observed!

1. The use of drugs (including alcohol) will not be permitted by anyone.
2. No smoking inside of any building.
3. All medications will be in the hands of the Youth Directors from your state, unless arranged otherwise.
4. People will not enter other people's rooms unless the doors are open. After lights out, there is NO visiting in other rooms.
5. Please conduct yourself in a manner appropriate to young adults, so as not to disrupt others.
- 6. Attendance is REQUIRED and expected at ALL scheduled events.**
7. Do not litter the area. There are suitable containers for trash.
8. There is a \$1000 fine for any fire alarms that are pulled this will be charged to the individual or their parents or guardian.
9. No one will open or remove anything from luggage belonging to others. Be respectful of others property.
10. You are not allowed to leave campus at any time without permission of the Youth Directors.
11. Be considerate of participants and others in nearby rooms. Keep the volume of your voice at conversational levels at all times. It is only appropriate to yell in the case of an emergency.
12. You must arrange for your own transportation to and from Northeastern Youth Conference.

Participation and Leadership on everyone's part is greatly appreciated.

Remember, you are representing your State Grange. There will be others in the general area during the same time we are here.

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Signature of Participant

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Signature of Parent or Guardian

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Date

**2018 Northeastern Regional Youth Conference**  
**Registration Form – Fair Haven Camp, Brooks, ME**  
**Maine State Grange**  
**146 State Street, Augusta ME 04330 (207) 623-3421 1-800-464-3421**  
**Terry Lee Lacombe-Stevens, Director**  
**207-356-2492 terryllacombe@gmail.com**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Grange Name & Number: \_\_\_\_\_  
Gender (Circle One):  Male  Female Age: \_\_\_\_\_

**\*\*\*Bring your own towels and bed linens.**

**T Shirt Size** \_\_\_\_\_

**REGISTRATION:**

Full Conference Registration: \$111\_\_\_\_  
Fri. night: \$27\_\_\_\_ Sat. night: \$27\_\_\_\_  
Sat. Breakfast:\$9\_\_\_\_ Sat. Lunch: \$12\_\_\_\_ Sat. Dinner: \$15\_\_\_\_ Sun. Breakfast: \$9\_\_\_\_

**REGIONAL COMPETITIONS**

Please check all contests you plan to participate in. You must have won in your State to compete at Regional with the exception of the impromptu speech and drill team.

Age Division as of January 1<sup>st</sup>:

Youth (14 – 21)  Young Adult (22 – 35)  Adult (36+)

Public Speaking:

Prepared Speech  
 Impromptu Speech  
 Radio Spot

Sign-a-Song:

Novice  
 Hobbyist  
 Expert  
 Group with:

Grange Jeopardy

Drill Team

\_\_\_\_\_  
\_\_\_\_\_

**Submit this completed form along with appropriate Registration Fees payable to “MA State Grange”, the completed Parent Permission, Consent to Treatment and Release of Liability form, Medical form, and the signed Northeastern Youth Conference Guidelines to your State Youth Director by June 1, 2017.**

**2018 Northeast Regional Youth Conference**  
**Parent Permission, Release of Liability, and Consent to Treatment**

WE/I the parents (guardian) of (Name of participant) \_\_\_\_\_  
OR FOR ADULTS, I \_\_\_\_\_ (fill in your  
names), \_\_\_\_\_ would like to (grant myself) give  
our child the opportunity to participate in the Grange Northeast Regional Youth Conference that  
is being sponsored for the benefit, education and enjoyment of grangers and friends from July  
13th to July 15th at Fair Haven Camp, in Brooks, Maine.

We realize that (my) our child's participation in this program/field trip may involve some risk of  
personal injury to myself (our) child and damage to our property and therefore, we, on behalf of  
our child and ourselves, hereby release the Maine State Grange, the Youth Committee, and  
Youth Directors, Fair Haven Camps and any and all agents, employees and contractors, from any  
and all claims and legal actions for any personal injury to (myself) our children or any loss to use  
that results from (my) our child participation in this event.

We further agree to indemnify and hold harmless the Maine State Grange, the Youth  
Committee, and Youth Directors, Fair Haven Camps and any and all agents, employees and  
agents, employees, and contractors, against all claims and legal actions for any personal injury to  
our child (myself) or loss to us and for any personal injury to other persons and damage to other  
personal property that may result from (my) our child's participation in this event.

We hereby grant to the Maine State Grange, its' employees and agents, full authority to take  
whatever actions that may consider to be warranted under the circumstances regarding the health  
and safety of (myself) our child, without further consent and at our expense, from a hospital  
medical doctor or nurse. I grant permission for medical aid to be given to my child in case of  
emergency.

We understand that this is a supervised event, and that group standards of conduct must be  
observed. We will instruct our child to comply (or I will agree to comply) at all times with the  
Maine State Grange and Fair Haven Camps rules, standards and instructions for participation  
behavior. We agree that Maine State Grange, its employees and agents, shall have the right to  
enforce appropriate standards of conduct, and that they at any time may terminate (my) our  
child's participation in this event for failure to behave according to these standards or conduct  
which they consider to be incompatible with the interests, comfort and welfare of other  
Participants in the event, or its supervisors. If (my) our child's participation is terminated, we  
consent to (his or her) being returned to our/my home at our/my expense.

Participants will be held responsible for expenses incurred for damages to facilities or equipment  
or missing items.

Our signature(s) below indicate that I/we have read and freely signed this agreement.

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Participant or Parent /Guardian Signature

Date

# 2018 Northeast Regional Youth Conference Medical Form

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age at NEYC: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Gender:  Male  Female

CUSTODIAL PARENT/GUARDIAN (If NEYC Participant is a minor):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number where parent can be reached during NEYC: \_\_\_\_\_

EMERGENCY CONTACTS (in case parents can't be reached, or adult participant is unable to provide information)

Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH HISTORY AND MEDICAL INFORMATION:

(To be filled out by the participant or the participant's parent or legal guardian)

Name of Medical Insurance Company: \_\_\_\_\_

Medical Insurance ID or Account Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## **ALLERGIES (List all known)**

Please include (but not limited to) allergies to medications, foods, insect stings, hay fever, asthma, animal dander, etc.)

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