2026-2027

PMA YA

Registration

Packet

2026-2027 PMA Youth Awareness Program

The PMA Moose Youth Awareness year will consist of two congress sessions on the scheduled dates and locations. Registration paperwork will need filled out for each student, signed by a parent or legal guardian, and "emailed" to the PMA YA Coordinator, *Michelle Jackson at youthawarenesspma@gmail.com,* by the posted deadline. *(This helps with advance preparation.)*

Registration paperwork will consist of two pages, all of which will need completed (legibly) and emailed to the YA Coordinator as mentioned above. Page one will be the signed parental form, page two will be the student information form and the selected congress the student desires to attend, both of which are included in this packet on the following pages.

As far as the $30 per student registration fee, the sponsoring Moose Unit will be invoiced by the association secretary following the congress session they attended.

Thank you for your cooperation in making the YA program a success.

Fraternally,

Michelle Jackson (West)
Rebecca Colton (East)
PMA YA Chairman

youthawarenesspma@gmail.com

DEADLINE TO REGISTER IS ONE WEEK PRIOR TO SCHEDULED DATE

PMA Moose YA East Congress Schedule 2026-2027
Rebecca Colton (East Chairman)
Lock Haven Lodge 100
Saturday, September 12, 2026 9:30AM-10:00AM Registration 10:00AM-2:00AM Congress

PMA Moose YA West Congress Schedule 2026-2027
Michelle Jackson (West Chairman)
Ridgway Lodge 1183
Sunday, September 27, 2026 9:30AM-10:00AM Registration 10:00AM-2:00AM Congress

DEADLINE TO REGISTER IS ONE WEEK PRIOR TO SCHEDULED DATE

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. _____, The 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**

2026-2027 PMA Youth Awareness Program

STUDENT REGISTRATION INFO

(Please print or type)

TODAY'S DATE - _____

CHAPERONE NAME - _____

STUDENT NAME *(NO NICKNAMES)* **–** _____

CELL PHONE # - _____

EMAIL ADDRESS – _____

SPONSORING LODGE / CHAPTER – _____

CONGRESS ATTENDING (East/West & date) – _____