



# 3<sup>rd</sup> United States Regular Infantry Re-enactors

## Membership Application



Membership is from January 1 through December 31 and is not pro-rated. Membership form and dues must be received at least 10 days in advance of the Annual Meeting to be eligible to vote at that meeting.

**Type of Membership**

- \_\_\_\_\_ \$30.00 Individual & Family (one vote per membership)
- \_\_\_\_\_ \$15.00 Additional Family Membership (for voting purposes only)
- \_\_\_\_\_ \$20.00 Associate Membership (no vote, newsletter only)

Date received _____
Amount paid _____
Check number _____

\_\_\_\_\_ **Total Amount Enclosed** (make checks payable to 3<sup>rd</sup> US Regular Infantry)

**Please complete both sides of membership application and sign the attached release form.  
Return Forms to Secretary *Jim Tate, 7070 Highfields Farm Dr., Roanoke, VA 24018***

**PLEASE PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Best time to call \_\_\_\_\_ Call no later than \_\_\_\_\_

E-mail address \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Will your spouse/partner participate with the 3<sup>rd</sup> US?                      Yes                      No

**If yes, please complete the following:**

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address \_\_\_\_\_

Will any children participate with the 3<sup>rd</sup> US?                      Yes                      No

**If yes, please complete the following for each child:**

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Weapon Model (i.e. 1861 Springfield) \_\_\_\_\_ Serial Number \_\_\_\_\_

Previous re-enacting experience, unit(s), and dates \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Are participating spouse/partner and children covered under same policy?      Yes      No

If no, please list additional medical insurance information below:

Insurance Provider \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

**Please list any medical problems we should know about (allergies, heart condition, diabetes, etc.)**

Self \_\_\_\_\_

Participating spouse/partner \_\_\_\_\_

Participating children (list name) \_\_\_\_\_

**Please list any medications taken on a regular basis**

Self \_\_\_\_\_

Participating spouse/partner \_\_\_\_\_

Participating children (list name) \_\_\_\_\_

**Emergency Contact Info (person to notify in case of an emergency)**

For Self:      Name \_\_\_\_\_      Phone # \_\_\_\_\_  
                    Relationship \_\_\_\_\_      Alternate phone \_\_\_\_\_

For Spouse/Partner:  
                    Name \_\_\_\_\_      Phone # \_\_\_\_\_  
                    Relationship \_\_\_\_\_      Alternate phone \_\_\_\_\_

For Children:      Name \_\_\_\_\_      Phone # \_\_\_\_\_  
                            Relationship \_\_\_\_\_      Alternate phone \_\_\_\_\_



**3<sup>rd</sup> United States Regular Infantry Re-enactors**  
**Medical Authorization and Release Form**



- **Each individual adult member and any participating spouse/partner or adult family member must sign Form A below.**
- **If minor children will participate, a parent or guardian must give permission by signing Form B on the next page.**

**Form A - Medical Authorization and Release Form for Adult Participants**

I understand that there are risks involved in Civil War re-enacting and that injuries can result, and I fully accept these risks. I further understand that the 3<sup>rd</sup> US Regular Infantry Re-enactors (3<sup>rd</sup> US), its Board of Directors, its military commander, its other military, civilian, and corporate leadership, and their agents are not responsible for damage or loss of personal property or injury. I hereby release and forever hold harmless the 3<sup>rd</sup> US, its Board of Directors, its military commander, its other military, civilian, and corporate leadership, and their agents, from any and all liability for damage or loss of personal property or injury, and I accept the full responsibility for any such damage, loss, or injury that may result from my participation with the 3<sup>rd</sup> US. I understand that when I register to participate in certain re-enactment events a registration fee and/or a commissary fee may be incurred by the 3<sup>rd</sup> US on my behalf. Such fees will be announced in advance of registration, and I agree to pay any fees so incurred by my voluntary registration. I give permission for photos and/or video recordings of my participation in 3<sup>rd</sup> US living history activities to be published or used in promotional materials or publicity for the 3<sup>rd</sup> US. I understand that no royalty or compensation will be due me if any photo or video in which I appear is used for any purpose. I agree to follow all safety instructions as communicated by the 3<sup>rd</sup> US Military Commander and other military and/or civilian leadership (as applicable), and to abide by the Bylaws of the 3<sup>rd</sup> US. I understand that the use of recreational drugs in any form is prohibited for all participants in 3<sup>rd</sup> US activities, and that violation of this policy will result in disciplinary action. In case of emergency, injury, or illness, the military commander or other senior member of the 3<sup>rd</sup> US leadership has my permission to secure any emergency medical care deemed necessary for me by a licensed physician or emergency medical personnel. Any allergies, medications, dietary restrictions, or special needs have been noted on my membership form.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Participating adult family member signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_



**3<sup>rd</sup> United States Regular Infantry Re-enactors**  
**Medical Authorization and Release Form**



**Form B - Medical Authorization and Release Form for Minors (Parent or Guardian must sign)**

I give my permission for my son/daughter, \_\_\_\_\_, to participate with the 3<sup>rd</sup> US Regular Infantry Re-enactors (3<sup>rd</sup> US). I understand that there are risks involved in Civil War re-enacting and that injuries can result, and I fully accept these risks for my child. I further understand that the 3<sup>rd</sup> US Regular Infantry Re-enactors (3<sup>rd</sup> US), its Board of Directors, its military commander, its other military, civilian, and corporate leadership, and their agents are not responsible for damage or loss of personal property or injury. I hereby release and forever hold harmless the 3<sup>rd</sup> US, its Board of Directors, its military commander, its other military, civilian, and corporate leadership, and their agents, from any and all liability for damage or loss of personal property or injury to my child, and I accept, for myself and my child, the full responsibility for any such damage, loss, or injury that may result from my child's participation with the 3<sup>rd</sup> US. I understand that when I register my child to participate in certain re-enactment events a registration fee and/or a commissary fee may be incurred by the 3<sup>rd</sup> US on her/his behalf. Such fees will be announced in advance of registration, and I agree to pay any fees so incurred by my voluntary registration of my child to participate in said events. I give permission for photos and/or video recordings of my child's participation in 3<sup>rd</sup> US living history activities to be published or used in promotional materials or publicity for the 3<sup>rd</sup> US. I understand that no royalty or compensation will be due me or my child if any photo or video in which my child appears is used for any purpose. I hereby certify that my child will follow all safety instructions as communicated by the 3<sup>rd</sup> US Military Commander and other military and/or civilian leadership (as applicable), and that he/she will abide by the Bylaws of the 3<sup>rd</sup> US. I understand that the use of recreational drugs in any form is prohibited for all participants in 3<sup>rd</sup> US activities, and that any violation of this policy by my child will result in disciplinary action. In case of emergency, injury, or illness, the military commander or other senior member of the 3<sup>rd</sup> US leadership has my permission to secure any emergency medical care deemed necessary for my child by a licensed physician or emergency medical personnel. Any allergies, medications, dietary restrictions, or special needs pertaining to my child have been noted on my family's membership form.

Parent/Guardian Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_