

Montana District Key Club  
Youth Conference 2025  
November 9-11, 2025

# Youth Conference Member Registration



## **This section Includes:**

- Individual Registration form
- Medical Release form
- Code of Conduct

## **Please mail all forms to:**

Montana District of Key Club International  
c/o Valerie Pachl  
1158 US Highway 12  
Miles City, MT 59301  
Email: [vpachl@milescity.k12.mt.us](mailto:vpachl@milescity.k12.mt.us)

## **2025 MONTANA YOUTH CONFERENCE INDIVIDUAL REGISTRATION**

**Last Name:**\_\_\_\_\_ **First Name**\_\_\_\_\_ (for name badge):

**Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **Zip code:**\_\_\_\_\_

**Email (Please!):**\_\_\_\_\_

**Phone:**\_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Name of Key Club:**\_\_\_\_\_

**Club Office (2024-2025):**\_\_\_\_\_ **Club Office (2025-2026)**\_\_\_\_\_

**Gender:** Male( ☐ ) Female( ☐ ) **Advisor Name(s):**\_\_\_\_\_

**Seniors only:** How many years have you been a Key Club member? \_\_\_\_\_

**We understand and agree that no member of the convention staff, Montana District Key Club, Key Club International, or Kiwanis International will under any circumstances be held liable for accident, illness, fatality or medical bills incurred as a result of participation in the convention program or associated trips.**

**I, as the registrant's parent or guardian, am completely aware of the Code of Conduct and all other terms of my son's/daughter's participation at the convention, and understand that if my son/daughter is in violation of this code or any condition expressed herein, s/he may be sent home immediately at my expense.**

**I, as the registrant, have read the Code of Conduct of the District Convention and all other terms of attendance and agree to abide by them.**

\_\_\_\_\_  
**Participant's Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Parent/Guardian Signature** (Be sure to sign all three forms):

\_\_\_\_\_  
**Date:**

**\*\*\*\*\*All persons attending MUST have paid dues\*\*\*\*\***  
**\*\*\* Make checks payable to: MT KEY CLUB\*\*\***

# **PAYMENT AND REFUND POLICY**

**Registration and all fees must be  
RECEIVED BY October 13th.**

REGISTRATIONS POSTMARKED AFTER October 13th  
DO NOT ENSURE YOUR CLUB A ROOM.

CANCELLATION REQUESTS MUST BE SUBMITTED IN  
WRITING TO VALERIE PACHL.

FULL REFUNDS LESS A \$10.00 PROCESSING FEE WILL BE  
GRANTED FOR REQUESTS POSTMARKED BY October 24th.

REQUESTS POSTMARKED BY OCTOBER 13th  
WILL RECEIVE A 50% REFUND.

NO REFUNDS WILL BE GRANTED FOR REQUESTS  
POSTMARKED LATER THAN OCTOBER 21st .

**The convention will be held at  
Holiday Inn Great Falls  
Convention Center  
1100 5th St S  
Great Falls, MT 59405**

**AUTHORIZATION TO ATTEND EVENT EMERGENCY MEDICAL TREATMENT**  
**AUTHORIZATION**



**Please type or print all information.** This form is required for all Key Club members attending designated Key Club International events or activities. This form must be completed by the parent and legal guardian for the member.

**Member #:** \_\_\_\_\_  
**Name** (first, last, and middle initial): \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Sex** (circle one):      **Male**      **Female**  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Name of chaperone responsible for your Key Club:** \_\_\_\_\_

*An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is over the age of 21, with a completed Kiwanis Background Check, approved by the school, registered with and accompanying the Key Club member at the event or activity.*

**Emergency Information**

**In case of an emergency please contact:** \_\_\_\_\_  
Relationship to the member: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_  
**Alternate contact:** \_\_\_\_\_  
Relationship to the member: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

**Medical Information**

**Health Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_  
**Group Name on Insurance Coverage:** \_\_\_\_\_  
**Phone number or other contact information shown on the card:** \_\_\_\_\_

**Has he/she ever been or currently  
being treated for (circle yes or no):**

- |                           |          |
|---------------------------|----------|
| • Nervousness             | Yes / No |
| • Rheumatic Fever         | Yes / No |
| • Asthma                  | Yes / No |
| • Convulsion or epilepsy  | Yes / No |
| • Cancer or tumors        | Yes / No |
| • Diabetes                | Yes / No |
| • Heart Condition         | Yes / No |
| • Headaches               | Yes / No |
| • Allergies to medication | Yes / No |
| • High Blood Pressure     | Yes / No |
| • Fainting Spells         | Yes / No |

**Will your Key Club member be taking any prescription or over-the-counter drugs of any type?**

**If yes, please explain:**

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**List any other allergies or medical conditions we need to be aware of :**

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I am the parent or legal guardian for the above-named Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International. I also have read and understand the Code of Conduct shown on the reverse side, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event. I hereby certify that the information provided above is correct.

In the case of a medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or *other licensed medical provider*, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and my ward/minor, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Key Club International and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

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Parent or guardian Signature

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Date

## **Code of Conduct**

While it seems unnecessary to mention the code of conduct expected of each person at the district convention, it is probably good to cite the specific rules adopted by the District Board, so there will be no chance of a misunderstanding. Infractions will be reported to the District Administrator and District Board, and appropriate actions, including dismissal from the convention, if necessary. In such a case, letters will be sent to the individual's parents, high school principal, and president of the sponsoring Kiwanis club.

All Convention attendees are required to observe the following dress code for all sessions. The appropriate dress code for each session will be noted in the Convention Program. Convention attendees not in appropriate dress code will be required to change before they are allowed into the session by the Sergeant-at-Arms Committee.

**Dress Code Casual.** For both men and women, casual clothing is appropriate. Nice jeans, t-shirts, and other appropriate casual dress is permitted. However, any clothing that may cause distractions during the convention will be prohibited.

- At no time will any clothing with inappropriate language or graphics be allowed.
- Any shirts, shorts, or skirts deemed to be inappropriate length will not be allowed.
- No alcoholic beverages or drugs of any nature (except for prescribed medications) will be permitted in the possession of any person attending the convention. Medical marijuana is not allowed at the convention. If prescribed, contact your physician for alternative medications for the duration.
- A curfew of 11:30pm will be observed and enforced. Key Clubbers are expected to be in their own rooms and remain there after curfew.
- No changing of room assignments will be permitted without permission of the District Administrator.
- Unnecessary noises at any hour are prohibited.
- All Key Clubbers are expected and required to attend the convention in its entirety, including all workshops, general sessions, and caucus sessions.
- No person may leave the conventions site without the prior written permission of a parent and the consent of the District Administrator.
- **IF IT IS NOT YOUR ASSIGNED ROOM YOU DO NOT ENTER IT!**
- Tobacco products of any form including vaping and gambling are prohibited at all times.
- No phone calls will be permitted after 1:00 am. Other hotel guests are staying at the convention center, so please do not engage in "phone tag" or other phone games.
- Name badges must be worn in a visible place at all times. Convention attendees without their name badges will not be allowed into convention sessions.
- Any action unbecoming of a Key Clubber is prohibited.

**I agree to abide by this code of conduct while at convention, and am aware that I may be sent home from the convention if I am in violation of the Code of Conduct.**

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(signature of attendee)

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(signature of parent/guardian)