



3rd 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

- _____ \$40.00 Individual & Family (one vote per membership)*
- _____ \$15.00 Additional Family Membership (for voting purposes only)*

*All memberships include our monthly newsletter delivered by email.

Date received	_____
Amount paid	_____
Check number	_____
<input type="checkbox"/> Hard-copy Newsletter	

Subscription to the hard-copy version of the monthly newsletter:

_____ \$18 Hard copy of the newsletter delivered to your home. (All members will continue to receive a soft copy of the newsletter by email.)

_____ **Total Amount Enclosed** (**make checks payable** to **3rd US Regular Infantry**)

Please complete both sides of membership application and sign the attached release form.

Return Forms to Secretary Janine Stier, 4 Browns Lane, Fredericksburg, VA 22401

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 3rd US? Yes No

If yes, please complete the following:

Name _____ Birth date ____/____/____

E-mail address _____

Will any children participate with the 3rd US? Yes No

If yes, please complete the following for each child:

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 _____



3rd 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 3rd US Regular Infantry Re-enactors (3rd 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 3rd 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 3rd 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 3rd 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 3rd US living history activities to be published or used in promotional materials or publicity for the 3rd 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 3rd US Military Commander and other military and/or civilian leadership (as applicable), and to abide by the Bylaws of the 3rd US. I understand that the use of recreational drugs in any form is prohibited for all participants in 3rd 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 3rd 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 _____



3rd 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 3rd US Regular Infantry Re-enactors (3rd 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 3rd US Regular Infantry Re-enactors (3rd 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 3rd 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 3rd 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 3rd 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 3rd US living history activities to be published or used in promotional materials or publicity for the 3rd 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 3rd US Military Commander and other military and/or civilian leadership (as applicable), and that he/she will abide by the Bylaws of the 3rd US. I understand that the use of recreational drugs in any form is prohibited for all participants in 3rd 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 3rd 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 _____

Head Quarters
3rd U.S. Regular Infantry

Acknowledgement of Safety Regulations

This memo certifies that _____, (print name) a member of the 3rd US Regular Infantry, has read and understands the Safety Regulations as posted on the Regiment web site. It further confirms that I will endeavor to follow these regulations and report to the Regiment any violations of these regulations.

Print name

signature

Date

Other family members: All family members who attend reenactments must sign and certify understanding.

Print name

signature

Print name

signature

Print name

signature

Print name

signature