



THE AMERICAN LEGION GEORGIA BOYS STATE

APPLICATION FOR THE 2011 SESSION American Legion Post #: \_\_\_\_\_ Location: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

THIS IS A 2 PAGE DOCUMENT! MEDICAL FORM IS PAGE 2

Principal Delegate Alternate Delegate If an Alternate, name of person replacing \_\_\_\_\_

SECTION 1: TO BE COMPLETED BY STUDENT AND PARENTS (TYPE OR PRINT LEGIBLY, WE MUST BE ABLE TO READ EACH ENTRY)

Student Name (As you want it to appear on all documents.) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Your E-mail Address \_\_\_\_\_ Family E-Mail Address \_\_\_\_\_

T-Shirt Size (Please Circle) S M L XL XXL XXXL

Name and Address of Hometown Newspaper: \_\_\_\_\_

I UNDERSTAND THAT:

- ALL FUTURE CORRESPONDENCE WILL BE VIA E-MAIL AND THE WEB SITE, IF POSSIBLE. (WEBSITE: www.gaboysstate.com)
THIS AMERICAN LEGION POST AND/OR OTHER SPONSORS HAVE PAID THE FEES FOR ME TO ATTEND BOYS STATE. THIS MONEY IS NOT REFUNDABLE. IF I AM UNABLE TO ATTEND AND AN ALTERNATE IS UNABLE TO ATTEND, THE FEES WILL BE FORFEITED BY THE SPONSORING AMERICAN LEGION POST
WILL NOTIFY THE SPONSORING AMERICAN LEGION POST AS FAR IN ADVANCE AS POSSIBLE IF I WILL BE UNABLE TO ATTEND.
THIS IS NOT A CAMP, BUT RATHER AN EDUCATIONAL PROCESS.
TO SATISFACTORILY COMPLETE THIS PROGRAM, I MUST ARRIVE BEFORE 2:00 PM ON SUNDAY AND STAY UNTIL AFTER GRADUATION ON SATURDAY.
I GIVE PERMISSION FOR MY PICTURE AND/OR VOICE TO BE USED IN THE PROMOTION OF THIS PROGRAM IN VIDEO, IN PRINT AND ON THE INTERNET.
I AGREE TO ABIDE BY ALL RULES AND GUIDELINES OF THE AMERICAN LEGION GEORGIA BOYS STATE PROGRAM.

Student Signature Parent/Guardian Signature Date

SECTION 2: TO BE COMPLETED BY THE SCHOOL

SCHOOL NAME & CITY \_\_\_\_\_ STUDENT RANKS \_\_\_\_\_ IN A CLASS OF \_\_\_\_\_ GPA \_\_\_\_\_

NAME AND TITLE OF SCHOOL OFFICIAL SIGNATURE DATE

SECTION 3: TO BE COMPLETED BY THE SPONSORING AMERICAN LEGION POST

I certify that our Boys State Committee has met with the above named student and has selected him to be a representative of our Post, his School and this Community at Georgia Boys State. I further certify that the above named student has not previously attended a Boys State Program. Additionally, your American Legion Post shall be responsible for arranging transportation to and from Georgia Boys State. I have verified all of the above information concerning this student. (contact information for individual signing this application)

Name and Title of Sponsoring Post Official Signature Post # Phone # E-Mail Address

Address City Zip Code Date

**\*MEDICAL EXAMINATION MUST NOT BE PRIOR TO MARCH 1<sup>ST</sup>, 2011!!!**

**STUDENT INFORMATION:**

Social Security Numbers (SSN) are not required on the Application. However, please know your SSN, in the event of an emergency.

STUDENT NAME: \_\_\_\_\_

WORK PHONE (FATHER): \_\_\_\_\_ (MOTHER): \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**EXAMINATION:**

**PHYSICIAN:** This Student will be required to participate in a rigorous schedule, including athletic competition (basketball, touch football, volleyball and softball), for one (1) week. Please indicate your findings

- Applicant is in good physical condition.
- Applicant is not physically able to participate in athletics.

Applicant participation is limited due to the following abnormalities: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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

Physicians Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PARENT/GUARDIAN:**

As parent/guardian of \_\_\_\_\_, I release the American Legion Georgia Boys State from any responsibility connected to the conditions listed above.

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

\_\_\_\_\_  
Date

**INSURANCE INFORMATION AND RELEASE FOR TREATMENT:**

Insurance is with Sentry and is excess coverage of any other plan. If the student is covered under a group plan, please furnish the following information and ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

Named of Insured: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone number of Company or Agent: \_\_\_\_\_

I hereby authorize the Director of Georgia Boys State, or any of his designated representatives, to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment of hospital care to be rendered to the delegate if necessary and when efforts to contact me are unsuccessful. I further consent to the examination of the minor child by a duly licensed physician without contacting me for the purpose of ascertaining whether or not any treatment or care may be required, and what, if any, activities or limitations thereon, may be appropriate of my child during the American Legion Georgia Boys State session.

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

\_\_\_\_\_  
Date