

# DEADLINE JUNE 2, 2017 – 4:00 P.M.

## 76th CONNECTICUT AMERICAN LEGION BOYS' STATE LEADERSHIP PROGRAM EASTERN CONNECTICUT STATE UNIVERSITY WILLIMANTIC, CONNECTICUT

Saturday, June 24 through Thursday, June 29, 2017



### APPLICANT INFORMATION

Last Name		First		MI		DOB	
Street Address						City	
State		Zip		Home Phone		Parent cell phone <i>*required*</i>	
We are looking into using Apps this year for various aspects of our program. Do you have smart phone capability?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Student <i>*required*</i> Cell phone		
Parent e-mail <i>*required*</i>				Student e-mail <i>*required*</i>			
Parent or Guardian							
Address if different Than above							
Name & Address of School							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, you <b><i>MUST</i></b> attach a copy of your Permanent Resident Card				

### PARTICIPATION

The High School Oratorical Contest?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where and placement?	
Are you or have you been a Boy Scout?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, rank & leadership positions held?	
The American Legion Baseball Program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Post Team/Position	
Sons of The American Legion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Squadron	

Additional Organizations, Activities & leadership positions held:

The American Legion Boys State Leadership Program is devoted to functional citizenship training of the potential leaders in the various communities of our State. Your admission to American Legion Boys' State depends on your school record, your character and your qualities of leadership. *The use of or possession of firearms, alcohol or drugs will result in instant dismissal, and the Boys' State commission reserves the right to inspect all rooms.* I understand the above information and 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 and agree to abide by all rules and guidelines of the American Legion Boys' State of Connecticut.

MUST BE SIGNED BY ***APPLICANT AND PARENT/GUARDIAN***

APPLICANT : \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

### SCHOOL:

As principal of \_\_\_\_\_ High School I certify the above named student is a member of the Junior Class. I believe that he will be A responsible Citizen of the American Legion Boys' State because of his Character, Leadership and interest in Government. His average grades are above "C"  
Date: \_\_\_\_\_ X \_\_\_\_\_

### ATTENDANCE

I understand that I must attend all sessions at Boys' State. If I do not attend all sessions I understand I will not receive a graduation certificate and Boys' State pin, nor will I be allowed to use Boys' State on any reference or resume

APPLICANT : \_\_\_\_\_

### POST INFORMATION OR SPONSORING ORGANIZATION

If the information below is not typed it ***MUST*** be neatly written and legible

Sponsoring Post		Other Sponsoring Organization	
Post Representative		Contact Phone	

Authorized Representative Signature: \_\_\_\_\_

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

*BOYS' STATE LEADERSHIP PROGRAM  
Medical Waiver and Release Form*

**INSURANCE INFORMATION**

<b>Name of Insured:</b>	Last		First	
^ Insurance Company:				
Policy No.		Group No.		
Name of Policy Holder:		Name of Business or Organization:		
^ If there is No Insurance, please state "NONE" in the Company name.				

**MEDICAL INFORMATION**

Name of Attendee:	Last:		First:	
Name of Physician:			Phone Number	
Name of Dentist:			Phone Number	
Does the individual have allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what?	
Is the individual on a special diet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:	
Is the individual up to date on all vaccinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, Explain	
Is the individual taking any prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Explain:	
Does the Individual have any medical issues or complications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain below:	
Please list any medical issues:				

**CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES**

This will certify that we, the undersigned parents/guardians of \_\_\_\_\_ do in the event that my (our) son/ward becomes a participating member of The American Legion Boys' State to be held in Willimantic, Connecticut, **June 24** through **June 29, 2017** (inclusive) hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedure, medical or surgical treatment, x-ray examination or other hospital services.

MUST BE SIGNED BY **PARENT/GUARDIAN**

PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**WAIVER & INDEMNIFICATION**

We, the undersigned parents/guardians of \_\_\_\_\_ for a valuable consideration, waive and agree to be responsible for and to indemnify and save harmless, The American Legion, Department of Connecticut, Inc. and all subsidiary organizations thereof, the Eastern Connecticut State University, the organization known as THE AMERICAN LEGION BOYS' STATE INCORPORATED and all of their agents, representatives, assistants and servants, from any and all claims, damages or causes of action arising out of injuries which may be received by our said son (ward) while at the Eastern Connecticut State University, **June 24** through **June 29, 2017** or on the way thereto and therefrom.

MUST BE SIGNED BY **PARENT/GUARDIAN**

PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_