

**THE AMERICAN LEGION
COLORADO BOYS STATE
CITIZENSHIP REGISTRATION
INSTRUCTIONS – READ CAREFULLY**

1. Read entire form. **Complete all 4 pages.** (Please print clearly or type)
2. No application will be accepted without proper certification by delegate, parent and sponsoring American Legion post member and letter expressing why the student wants to participate in the Boys State Program.
3. **Give completed application along with the completed and signed medical form and written letter to The American Legion Post Chairman who contacted you.**

Additional Boys State information will be sent directly to the delegate from the Boys State Committee in **May**.

IMPORTANT

If accepted by Colorado American Legion Boys State, I will:

1. Express in writing my reasons for wishing to participate in The American Legion Boys State program. (**Application will be returned without this letter.**)
2. Remember at all times I am representing my high school, my home, my sponsoring American Legion Post, and the young people of Colorado.
3. Be honest in all things.
4. Respect the property of my fellow Colorado Boys Staters and the University where Boys State is held.
5. Abide by all Rules and Regulations, established by those in authority.

APPLICANT'S SIGNATURE

_____ Date _____

**AMERICAN LEGION COLORADO BOYS STATE
DELEGATE CERTIFICATION WAIVER**

In consideration of the instruction and training to be given our (my) son at Colorado Boys State we (I) do hereby release and discharge The American Legion Department of Colorado, its officers, agents, instructors, and employees, from any and all claims, demands, damages, suits, actions or causes of action or shall have reason of any illness, injury or accident incurred or suffered by said son while in attendance at American Legion Colorado Boys State no matter how caused or occasioned. We (I) further consent for his picture to appear on The American Colorado Boys State website as part of his city photograph, and any publicity materials/press release information of other group activities while at American Legion Colorado Boys State.

PARENT'S SIGNATURE _____ **DATE** _____

**BOYS STATE DELEGATE INFORMATION
(complete all information)**

Delegate's Name _____
Last First Middle

Mailing Address _____

City _____ ST __ Zip Code _____

Age ____ Birth Date __/__/____

Email address _____

Home Phone (____) _____ Fathers work/cell (____) _____

Mothers work/cell (____) _____ Students cell (____) _____

Name of School _____ JR __ SR __

Do you play a musical instrument? Y/N Type: _____

Name of hometown newspaper _____

**AMERICAN LEGION COLORADO BOYS STATE
(Medical Information)**

THIS MEDICAL FORM MUST BE SIGNED IN TWO PLACES BY PARENTS AND/OR GUARDIANS -- (This medical form must accompany the completed application.)

NAME: (Print) _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Home # (____) _____ Emergency # (____) _____

2nd Emergency # (____) _____

HEALTH HISTORY – Must be completed by parent or guardian.

Is his health: Fair Good Excellent (circle one)

IS HE SUBJECT TO: (Please answer (y) for yes or (n) for no)

Colds__ Diabetic____ Sinus trouble____ Ear trouble _____ Poison Ivy____

Convulsions _____ Fainting spells _____ Cramps _____

HAS HE HAD:

Hernia (rupture) ___ Asthma ___ Hay Fever ___ Polio ___

Heart Disease ___ Appendicitis ___ Kidney Disease ___ Rheumatic Fever ___

Is he nervous or upset easily? _____

Has he been immunized against Tetanus? When? _____

Has he been exposed to any contagious disease in the last 3 weeks? _____

Is there anything we should know further that would help in protecting your son?

Is a special diet required? _____ What? _____

Medication required to be taken daily. _____

ALLERGIES: Food _____

Medicine _____

Health Insurance: (Y) ____ (N) ____

Name of Insurance Company _____

Policy# _____ Group # _____

I, the parent or guardian of the above named applicant, do hereby certify that these statements are true and correct to the best of my knowledge.

SIGNATURE OF PARENT: _____ **Date:** _____

PARENT'S STATEMENT AND CONSENT...

The law requires that parental permission be obtained for operative and therapeutic procedures on minors taken to hospitals. This consent form **MUST** be signed so that emergency procedures can be carried out promptly, so that no unnecessary delays will occur with less urgent operative procedures.

However, no major operations will be performed, except in extreme emergency, unless parents are contacted and fully informed.

I hereby give permission for such medical procedure as may be deemed necessary for my son.

DATE _____ **Name of Boys State Delegate** _____

PARENT'S SIGNATURE _____

Dear Parents:

Every precaution is taken to avoid accidents and sickness at Boys State. Participants who do not already have group accident-sickness medical insurance coverage are insured under a group policy underwritten by Sentry Insurance. The Sentry policy is **EXCESS** coverage to any other valid and collectible group insurance plan. (This exclusion does not apply to individual accident and sickness policies.) Should an unforeseen need arise for this insurance program, more detailed information will be sent directly to you at that time by The American Legion Colorado Boys State.

Sincerely,
Thomas L. Bock, Director
American Legion Colorado Boys State
303-366-5201

NOTE TO AMERICAN LEGION POST BOYS STATE CHAIRMAN

The following must be submitted to Department Headquarters

- 1. A \$200.00 fee (tuition paid by American Legion Post)**
- 2. Applicant's letter on why he wants to attend Boys State**
- 3. Completed Registration Form**

The deadline for submission is May 1

This registration must be signed by the delegate, the waiver and medical forms are signed by the parent or guardian and that you, or the Post Commander sign the certification portion of the application. Be sure the application includes a letter stating the delegate's reasons for wanting to attend Boys State and that it is signed and made a part of this application. Any applications not signed by all parties will be returned and any application without the delegate letter will be returned. You need to keep a copy of the application for your records.

American Legion Post Certification

This is to certify that our Post approves the application shown here and the applicant has agreed to meet all requirements for participation.

POST NUMBER _____

Commander's or Chairman's signature

Date _____

**THIS CERTIFICATION MUST CONTAIN A POST
OFFICER OR BOYS STATE CHAIRMAN SIGNATURE.**

(Applications will be returned if signature is not present)