

**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.
3. **Give completed application along with the completed and signed medical form 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. Remember at all times I am representing my high school, my home, my sponsoring American Legion Post, and the young people of Colorado.
2. Be honest in all things.
3. Respect the property of my fellow Colorado Boys Staters and the venue where Boys State is held.
4. Abide by all Rules and Regulations, established by those in authority.

**APPLICANT'S SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_

(1)

**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 (\_\_\_\_) \_\_\_\_\_ Father's work/cell (\_\_\_\_) \_\_\_\_\_

Mother's work/cell (\_\_\_\_) \_\_\_\_\_ Student's cell (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_

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. 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 Post Commander) sign the certification portion of the application.** Any applications not signed by all parties 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 \_\_\_\_\_

\_\_\_\_\_  
**Chairman or Commander signature**

Date \_\_\_\_\_

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

**(Applications will be returned if signature is not present)**