

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE OFFICIAL 2019 APPLICATION FORM

**THIS APPLICATION IS NOT CONSIDERED APPROVED
UNLESS SIGNED BY A SPONSORING UNIT.**

Sponsoring Unit: _____

Authorized By: _____

(Please Print)

(Name)

(Phone Number)

(Address)

Signature: _____

APPLICANT MUST BE A UNITED STATES CITIZEN.

Please Type or Print

NAME: _____

(Last)

(First)

(Middle Init)

ADDRESS: _____

(Street or Rural Route)

(City/Town)

(Zip)

DATE OF BIRTH: _____

(Month)

(Day)

(Year)

HOME TELEPHONE NUMBER: () _____ - _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

CONTACT PHONE NUMBER - Day: () - Night: () -

PARENT'S OR GUARDIAN'S ADDRESS IF OTHER THAN AS SHOWN ABOVE:

((Street or Rural Route)

(City/Town)

(Zip)

I AM AWARE OF THE FACT THAT THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE PROGRAM IS DEVOTED TO CITIZENSHIP TRAINING. I WILL COOPERATE WITH AND OBEY ALL THE RULES AND REGULATIONS OF THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE, INCLUDING SALUTING THE FLAG AND RESPECTING THE MOMENTS OF PRAYER. I AM ALSO AWARE THAT THE USE OR POSSESSION OF WEAPONS, ALCOHOL, OR DRUGS WILL RESULT IN MY IMMEDIATE DISMISSAL. I WILL ATTEND THE FULL SESSION OF LAUREL GIRLS STATE (Sunday thru Friday).

(SIGNATURE OF APPLICANT)

You can also complete your application online: www.alalgs.org

TO BE COMPLETED BY APPLICANT'S HIGH SCHOOL.

NAME OF SCHOOL: _____

ADDRESS: _____
(Street or Rural Route) (City/Town) (Zip)

As **Guidance Counselor** of the above named school, I **recommend** _____, a member of the Junior Class, as a Representative to the American Legion Auxiliary Laurel Girls State. I believe that she is a responsible citizen who has demonstrated leadership, good academics, and an interest in government.

DATE _____ SIGNATURE _____

An Alternate should be selected by the school in case the Applicant cannot attend the entire week. In this event, please notify the Chairman/Director @ 860-538-1435 by June 19th. The Alternate will then be notified as soon as possible so that she may be prepared to attend the entire week.

NAME OF ALTERNATE: _____
(Last) (First) (Middle Init)

ADDRESS: _____
(Street or Rural Route) (City/Town) (Zip)

TELEPHONE NUMBER: () -

THIS APPLICATION MUST BE COMPLETED, SIGNED, AND TUITION PAID BY MAY 1, 2017.

Please Mail to: AMERICAN LEGION AUXILIARY
ATTN: LAUREL GIRLS STATE
P.O BOX 266
ROCKY HILL, CT 06067-0266

You can also complete your application online: www.alalgs.org

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE WAIVER AND IDEMNIFICATION

I, the undersigned parent or guardian of _____ for a valuable consideration, waive and agree to be responsible for and to indemnification and save harmless, the American Legion Auxiliary , Department of Connecticut, Inc. and all its subsidiary organizations thereof, Post University, the organization known as American Legion Auxiliary Laurel Girls State, and all of their agents, representatives, assistants and servants, from any and all claims, damages, or cause of action arising out of injuries which may be received by my daughter or ward while at Post University in Waterbury, June 23rd through 28th or on the way there to or there from. In the event a field trip is planned you will be notified

DATE: _____ / _____ / _____

PARENT OR GUARDIAN'S SIGNATURE _____

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This is to certify that I, the undersigned parent or guardian of _____ do, in the event that my daughter becomes a participating member of the American Legion Auxiliary Laurel Girls State, consent and grant permission, should the necessity of medical care arise, as recommended by a qualified attending physician, including administration of an anesthetic, lab procedures, medical or surgical treatment, X-ray examination or other hospital services.

Dated this _____ day of _____ 2019

Signature of parent or guardian

Telephone number

Address: _____
(Street or Rural Route) (City/Town) (Zip)

IMPORTANT: ALL DELEGATES AND COUNSELORS ARE INSURED BY THE
AMERICAN LEGION AUXILIARY AND EVERY PRECAUTION IS TAKEN
TO AVOID SICKNESS AND ACCIDENTS. (THIS DOES NOT INCLUDE
TRANSPORTATION TO AND FROM LAUREL GIRLS STATE.)

You can also complete your application online: www.alalgs.org

Dear Delegate and Parents/Guardians,

It is critical for you to understand how important your selection to the American Legion Auxiliary Laurel Girls State program is. The program at ALA Laurel Girls State is intense and is planned to fill the entire week with speakers, elections, bill writing, and debate. This means you must be present the entire week.

This agreement to attend ALA Laurel Girls State the entire week must be signed by the delegate and her parents/guardians. BOTH parents/guardians must sign if both have custodial rights. There must be no misunderstanding about missing an hour or two for various reasons. We have structured this program so that missing any period of time is critical.

Sincerely,

Karen L Thompson
Chairman
ALA Laurel Girls State

Sue Larsen
Director

Delegate: I agree to spend the ENTIRE week (June 23rd through 28th) at ALA Laurel Girls State.

Delegate's Signature: _____

Parents/Guardians:

I agree _____ will spend the ENTIRE week (June 23rd through 28th) at ALA Laurel Girls State.

Parents/Guardians Signatures: _____

WAIVER FOR PHOTOGRAPHIC USE

THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE AND POST UNIVERSITY WOULD LIKE TO TAKE PICTURES OR VIDEO RECORD THE 2019 SESSION.

I, _____, GIVE MY PERMISSION TO THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE AND POST UNIVERSITY TO USE MY NAME AND PHOTOGRAPHS FOR NEWS RELEASES AND THE ALALGS WEBSITE FOR PROMOTIONAL PURPOSES DURING THE WEEK AND FOLLOWING THE SESSION.

SIGNATURE OF PARENT / GUARDIAN _____

You can also complete your application online: www.alalgs.org

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE 2019 MEDICAL FORM

NAME: _____
(Last) (First) (Middle Init)

DATE OF BIRTH: ____/____/____
(Month) (Day) (Year)

ADDRESS: _____
(Street or Rural Route)

(City/Town) (Zip)

PARENT OR GUARDIAN: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

Name of Insurance Company _____ Policy# _____

Group # _____ Name of Policy Holder _____

TO BE COMPLETED BY A LICENSED PHYSICIAN

List any allergies to medications, foods, bee stings, poison ivy, etc.

List all medications currently being taken:

NAME OF MEDICATION	DOSAGE	PRESCRIBED FOR
_____	_____	_____
_____	_____	_____

Any Physical Restrictions:

MEDICAL HISTORY -

If 'Yes', please list medications taken

Any recent injury, illness or disease?	Y____N____
A chronic or recurring illness?	Y____N____
Wear eyeglasses or contacts?	Y____N____
Ever had seizure?	Y____N____
Ever had high blood pressure?	Y____N____
Have diabetes?	Y____N____
Abnormal menstrual?	Y____N____
Have a heart murmur?	Y____N____

You can also complete your application online: www.alalgs.org

Have asthma? Y____ N____
History of bed wetting? Y____ N____
Had back problems? Y____ N____

ALL VACCINATIONS ARE CURRENT AND COMPLETE
ACCORDING TO ALL STATE REGULATIONS?

YES ____ NO ____

Date of Last Tetanus Shot: ____/____/____

PHYSICAL EXAMINATION:

Height	_____	Weight	_____
Eyes	_____	Ears	_____
Nose	_____	Throat	_____
Heart	_____		

TESTS: Tuberculin Test _____

Is She a Sleepwalker? Y____ N____

DATE OF EXAMINATION: ____/____/____

PHYSICIAN SIGNATURE: _____

LICENSE NUMBER: _____ IN THE STATE OF: _____

ADDRESS OF PHYSICIAN: _____

TELEPHONE NUMBER: () -

THIS EXAMINATION MUST BE WITHIN 1 YEAR OF JUNE 23, 2019

ALL MEDICAL FORMS WILL BE DUE JUNE 8, 2019. THE DELEGATE AND HER PARENTS OR GUARDIAN ARE RESPONSIBLE FOR INSURING THAT THE RECORDS ARE PROVIDED ACCURATELY AND COMPLETELY.

ALL MEDICAL FORMS MUST BE SEALED IN AN ENVELOPE AND MAILED TO:

American Legion Auxiliary
ALALGS Nurse
P.O. Box 266
Rocky Hill, CT 06067-0266

THE DELEGATE'S NAME AND DATE OF THE EXMINATION MUST APPEAR ON THE OUTSIDE OF THE ENVELOPE.

You can also complete your application online: www.alalgs.org