



Department of Georgia Boys State, Inc.

*****REQUEST TO ATTEND*****

SPONSORING AMERICAN LEGION POST _____ LOCATION _____
 ALTERNATE DELEGATE (IF SO WHO ARE YOU REPLACING _____)

SECTION 1 to be completed by STUDENT and confirmed by PARENT/GUARDIAN

Student Name (as you want it to appear on all documents) _____
 Address City/State & Zip Code _____
 Parent/Guardian Name _____ Parent/Guardian Cell # _____
 Home Phone & Family E Mail _____ Student Date of Birth _____
 Student Personal E Mail _____

I UNDERSTAND THAT FUTURE CORRESPONDENCE WITH ME WILL BE VIA E MAIL OR FROM THE WEB SITE: www.dogboysstate.org

- THE AMERICAN LEGION POST OR OTHER SPONSOR(S) WILL HAVE PAID THE FEE FOR MY ATTENDANCE. THIS IS A NON-REFUNDABLE FEE.
- TO SATISFACTORILY COMPLETE THE PROGRAM, I MUST ARRIVE BEFORE 2 PM ON SUNDAY AND STAY UNTIL GRADUATION ON SATURDAY. UNLESS PRIOR APPROVAL IS GIVEN BY THE DIRECTOR OR HIS DESIGNATED REPRESENTATIVE FOR LATE ARRIVAL OR EARLY DEPARTURE.
- BY MY SIGNATURE, I GIVE THE AMERICAN LEGION DEPARTMENT OF GEORGIA AND THE GEORGIA BOYS STATE PROGRAM, INC. PERMISSION TO USE ANY PHOTOGRAPHS OR OTHER MULTIMEDIA RECORD TAKEN OF ME AT THIS GEORGIA BOYS STATE.
- I AGREE TO ABIDE BY ALL RULES, REGULATIONS AND GUIDELINES OF THE AMERICAN LEGION GEORGIA BOYS STATE PROGRAM. I UNDERSTAND THAT IF I SHOULD FAIL TO ABIDE BY THE RULES, REGULATIONS AND GUIDELINES THAT MY PARTICIPATION MAY BE TERMINATED AND MY IMMEDIATE DEPARTURE FROM THE PROGRAM BE REQUESTED.
- I/WECERTIFY THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.
- ❖ **The Preamble to the Constitution and By Laws of The American Legion pledges that "For God and Country" we shall associate ourselves together "to foster and perpetuate a 100 percent Americanism". The American Legion expects participants of all its programs to show proper respect to the Flag of the United States, at all times, including the National Anthem. By my signature and my parents' signature, I/we accept this expectation for my attendance to Georgia Boys State.**

STUDENT SIGNATURE & DATE _____

PARENT/GUARDIAN SIGNATURE & DATE _____

SECTION 2 to be completed by PARENT/GUARDIAN (CONTINUED ON 2ND PAGE/BACK)

STATEMENT OF GOOD PHYSICAL HEALTH AND RELEASE _____ (PARENT/GUARDIAN PLEASE INITIAL) All students participating in the Georgia Boys State program are expected to be in good general health. Participants are required to engage in vigorous physical activity including the morning sports program consisting of touch football, volleyball, basketball and softball. Additionally, the participants are required to walk between the training sites, the dorm, the cafeteria and the auditorium and climb up to 4 flights of stairs. As the parent/legal guardian of _____ (delegate's name). I attest that he is physically fit to perform all the aforementioned sports and tasks **EXCEPT** _____

As the parent/guardian of the student listed in Section 1 above, I, my heirs, executors, and administrators do hereby release The American Legion Department of Georgia Boys State, Incorporated, the individual staff members, and Riverside Military Academy from any liability from claims or demands on account of injury to the person or property, or resulting from the death of the student whether caused by the negligence of the Releasees, or otherwise while the student in in, upon, or about the premises or any facilities or equipment located therein, or participating in any in any program affiliated with Georgia Boys State without respect to location. As parent/legal guardian of the student listed above in Section 1, I specifically designate and authorize the Director of Georgia Boys State or any of his designated representatives, as my true and lawful attorney-in-fact (should a medical emergency occur with the student to consent to an x-ray, examination, anesthesia, medical or surgical diagnosis or treatment (too include surgery or hospital care) for the student, if deemed necessary by a licensed medical

SECTION 2 (CONTINUED) provider and when efforts to contact me are unsuccessful. I further consent to the examination of my minor child (student) by a licensed medical provider 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 hereon may be appropriate of and for the student during the Georgia Boys State Program. Furthermore, I specifically authorize the execution of any consent or release form which may be necessary to effectuate the grant of this authority to bind myself, my heirs, representatives, and assigns, for the care of my child (student).

Current medications _____

Known allergies _____

NAME OF INSURED _____ INSURANCE COMPANY _____

POLICY # _____ NAME & PHONE # OF AGENT OR COMPANY _____

SIGNATURE OF PARENT/GUARDIAN & DATE + CONTACT PHONE # _____

ALTERNATE ADULT CONTACT (NAME AND PHONE #) _____

SECTION 3 to be completed by the **SCHOOL**

SCHOOL NAME & CITY _____

GPA _____ LAST GRADE/EQUIVALENT COMPLETED _____ By my signature I certify that this information is correct.

NAME/TITLE OF SCHOOL OFFICIAL _____

SIGNATURE & DATE _____ / _____

SECTION 4 to be completed by **SPONSORING AMERICAN LEGION POST**

BY MY SIGNATURE, I CERTIFY THAT:

- **OUR BOYS STATE COMMITTEE HAS INTERVIEWED THE ABOVE NAMED STUDENT AND HAS SELECTED HIM TO BE A REPRESENTATIVE OF OUR POST, HIS SCHOOL AND THIS COMMUNITY AT GEORGIA BOYS STATE.**
- **THIS APPLICANT IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.**
- **THE ABOVE NAMED STUDENT HAS NOT PREVIOUSLY ATTENDED A BOYS STATE PROGRAM.**
- **HE HAS COMPLETED THE JUNIOR YEAR OF HIGH SCHOOL AND HAS AT LEAST ONE SEMESTER OF HIGH SCHOOL REMAINING.**
- **MY AMERICAN LEGION POST IS RESPONSIBLE FOR ARRANGING TRANSPORTATION TO AND FROM BOYS STATE.**
- **WE HAVE INTERVIEWED AND DISCUSSED WITH THE STUDENT (AND HIS PARENTS) NOTED IN SECTION 1, THAT AN EXPECTATION FOR ATTENDANCE AT GEORGIA BOYS STATE IS TO SHOW PROPER RESPECT TO THE FLAG OF THE UNITED STATES.**

NAME/TITLE OF POST OFFICIAL _____

SIGNATURE _____ DATE _____

CONTACT PHONE # & E MAIL ADDRESS _____

A COMPLETED "REQUEST TO ATTEND" MUST INCLUDE:

1. PAGE 1 & 2 OF THIS DOCUMENT
2. CURRENT PHOTO
3. COPIES OF INSURANCE CARDS
4. CHECK (\$250.00 PER STUDENT) PAYABLE TO GEORGIA BOYS STATE

COMPLETED "REQUEST TO ATTEND" & PAYMENT:

MAILED TO

MARY LEPLEY

4071 Roy Court

Douglasville, Georgia 30135

**SHOULD BE RECEIVED BY
GEORGIA BOYS STATE, BY MAY 17, 2019.**