

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE
OFFICIAL 2010 APPLICATION FORM

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

Sponsoring Unit: _____

Authorized By: _____

(Please Print)

(Phone Number)

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 THROUGH FRIDAY).

(SIGNATURE OF APPLICANT)

TO BE COMPLETED BY APPLICANT'S HIGH SCHOOL.

NAME OF SCHOOL: _____

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

As Principal 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 @ 860-644-8859, or the American Legion Auxiliary Department Office @ 860-721-5945 by June 20th. 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, 2010.

Please Mail to: AMERICAN LEGION AUXILIARY- DEPT. OF CT
P.O. BOX 266
ROCKY HILL, CT. 06067-0266

**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, Eastern Connecticut State University, the organization known as American Legion Auxiliary Laurel Girls State, Inc., 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 Eastern Connecticut State University in Willimantic, June 27th through July 2nd or on the way thereto or therefrom.

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 _____ 2010

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.)

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,

Sue W. Larsen
Chairman/Director
ALA Laurel Girls State

Delegate: I agree to spend the entire week (June 27th through July 2nd) at ALA Laurel Girls State.

Delegate's Signature: _____

Parents/Guardians:

I agree _____ will spend the entire week (June 27th through July 2nd) at ALA Laurel Girls State.

Parents/Guardians Signatures: _____

WAIVER FOR PHOTOGRAPHIC USE

THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE AND EASTERN CONNECTICUT STATE UNIVERSITY WOULD LIKE TO TAKE PICTURES OR VIDEO RECORD THE 2009 SESSION. LGS IS LOOKING ONLY TO CREATE A VIDEO FOR HISTORICAL PURPOSES OR TO SHOW AT AMERICAN LEGION AUXILIARY FUNCTIONS.

I, _____, GIVE MY PERMISSION TO THE AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE AND EASTERN CONNECTICUT STATE UNIVERSITY TO USE PHOTOGRAPHS INCLUDING MY DAUGHTER.

SIGNATURE OF PARENT / GUARDIAN _____

AMERICAN LEGION AUXILIARY LAUREL GIRLS STATE
2010 MEDICAL FORM

Sponsoring Unit: _____

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

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

ADDRESS: _____
(Street or Rural Route)

(City/Town) (Zip)

SOCIAL SECURITY NUMBER: _____-_____-_____

PARENT OR GUARDIAN: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

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___
Have asthma? Y___N___
History of bedwetting? 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: Urinalysis Glucose _____
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 26, 2010

ALL MEDICAL FORMS, WAIVER AND INDEMNIFICATION, AND CONSENT FOR
MEDICAL TREATMENT WILL BE DUE JUNE 12, 2010. THE UNIT IS RESPONSIBLE FOR
INSURING THAT THE RECORDS ARE PROVIDED ACCURATELY AND COMPLETELY.

MAIL TO: American Legion Auxiliary Laurel Girls State
P. O. Box 266
Rocky Hill, CT 06067-0266