



# The American Legion Evergreen Boys State

The American Legion Department of Washington, P.O. Box 3917 Lacey, WA 98509-3917 [www.EvergreenBoysState.org](http://www.EvergreenBoysState.org)

## 2017 Evergreen Boys State Registration

This Registration must be completed by the Applicant and Parents or Guardian and returned to the local American Legion Evergreen Boys State Post Chairman or office for processing.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name want to appear on your name tag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred T-Shirt Size: \_\_\_\_\_

(Adult size: S, M, L, XL, 2XL)

High School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**For the Student:** I understand that The American Legion Evergreen Boys State is an intensive learning experience with a very full and busy schedule, and that I am expected to **attend the entire week of June 18 through June 24, 2017**. I will enthusiastically participate in this program to the best of my ability.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Parent/Guardian:** I give my permission for my son (named above) to attend The American Legion Evergreen Boys State program for **the entire week of June 18 through June 24, 2017** and to be treated by medical professionals if deemed necessary in the event of accident or emergency while attending The American Legion Evergreen Boys State program.

I have reviewed program expectations with my son and am aware of his obligation to participate and follow all rules and instructions in order to ensure the safety of him and other program participants.

I understand that once my son is accepted to the Evergreen Boys State program, if he fails to attend without 30 days prior notice (May 19<sup>th</sup>, 2017), I may be asked to reimburse The American Legion Sponsors for all costs incurred on behalf of my son.

I also release use of my son's name and likeness for publication concerning his attendance of The American Legion Department of Washington Evergreen Boys State program session.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\* CONTINUED ON OTHER SIDE \*\*\*\*

# Medical Information

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your son have any allergies or medical conditions we need to be aware of? YES NO

Does your son have any special physical needs? YES NO

Is your son currently using any prescription drugs? YES NO

Does your son have food allergies? YES NO

If you answered **YES** to any of the above questions, please explain below. You may attach another sheet if necessary.

I have provided any medical history deemed necessary above; if left blank there is no previous medical history necessary for accommodation or attention.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* Below required for processing by the American Legion \*\*\*\*\*

## Department of Washington Office of Evergreen Boys State

Selecting AL Post #: _____	Amount to be paid by AL Post: \$ _____
Selecting Chairman Name: _____	Amount to be paid by Student: \$ _____
Selecting Chairman Phone: _____	Amount to paid by outside Sponsor \$ _____
Sponsoring Post # (if different): _____	_____
Outside Sponsor (if not a post): _____	<b>Total Fees to be paid: \$400.00</b> (total amount must be \$400)