



APPLICATION

TEXAS AMERICAN LEGION BOYS STATE

Please type or print legibly. This entire form must be completed for each Applicant. Signatures are required on this form by all individuals making statements on form. Forward this form and any other correspondence to: The American Legion, Department of Texas, P.O. Box 140527, Austin, TX 78711.

ID#
Date Recv'd

REQUIRED INFORMATION APPLICANT

Last Name	First Name	Nick Name
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MEDICAL CERTIFICATES & PLEDGE

Have you ever had any of the following?

- Chicken Pox
- Diphtheria
- Ear/Sinus Trouble
- Heart Trouble
- Infantile Paralysis
- Lung Trouble
- Measles
- Mumps
- Pneumonia
- Scarlet Fever
- Small Pox
- Typhoid Fever

Have you been exposed to any contagious diseases within the last 3 weeks? Yes No

Have you had any reactions of any kind from taking prescription or non-prescription drugs or medicine? If so please explain. _____

APPLICANT

Last Name	First Name	Birth Date (mm-dd-yy)
Address		City - State - Zip
Social Security Number	Home Phone (Including Area Code)	EMAIL:

PARENT or LEGAL GUARDIAN

Relation to Applicant	Full Name	
Address		City - State - Zip
Home Phone (Including Area Code)	Work Phone (Including Area Code)	Cell Phone (Including Area Code)

PHYSICIAN OF APPLICANT

Full Name	Office Phone (Including Area Code)
Address	
City - State - Zip	

SCHOOL ADMINISTRATOR

Full Name	Title or Position
Name of High School	School District

LEGION SPONSOR

Post Number	Name of Post	City - State - Zip
Name of Post Representative		Home Phone of Post Official
Financial Sponsorship (Circle all applicable sources) <input type="checkbox"/> LEGION POST <input type="checkbox"/> CIVIC ORGANIZATION <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER		

AGREEMENT

I have completed the sections above and on the side to the right of this form which pertains to me and agree to the terms of certification or pledge that all statements by me are true to the best of my knowledge.

APPLICANT	Signature of Applicant X	Date (mm-dd-yy)
PARENT or GUARDIAN	Signature of Parent or Guardian X	Date (mm-dd-yy)
PHYSICIAN	Signature of Physician X	Date (mm-dd-yy)
SCHOOL OFFICIAL	Signature of School Official X	Date (mm-dd-yy)
LEGION OFFICIAL	Signature of Legion Official X	Date (mm-dd-yy)

Have you had inoculations for Whooping Cough, Diphtheria, or Tetanus? If so when. _____

TEXAS AMERICAN LEGION BOYS STATE PLEDGE

I pledge allegiance to the flag of the United States of America and to the republic for which it stands. I have never attended The American Legion Boys State, and if accepted, will, to the best of my ability: 1) take a serious and conscientious interest in discharging my duties as a citizen; 2) Obey the rules of Boys State; 3) Respect the judgement of the Boys State Director, the counselors, and the staff; 4) Participate in all activities; 5) Seek election or appointment to office, and if elected or appointed, serve that office; 6) Keep myself neat and well groomed at all times; 7) Avoid the use of profane language and actions; 8) refrain from injurious habits such as the use of tobacco, alcohol, and illicit drugs; and 9) Upon my return home from Boys State, make a formal oral or written report to my sponsor(s).

SCHOOL ADMINISTRATOR: School Certification

I hereby certify that the applicant meets all requirements of Texas American Legion Boys State and has my approval to attend.

LEGION SPONSOR: Sponsoring Post Affidavit

I hereby certify that I have interviewed the applicant and he meets the eligibility requirements and selection criteria to be appointed as a delegate to Texas American Legion Boys State.

PARENT or LEGAL GUARDIAN:

This is to certify that I, the parent or guardian of the applicant do, in the event that my son becomes a participating member of Texas American Legion Boys State to be held in Austin, Texas, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician or nurse, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinic(s) to release necessary medical information to our local doctors and for use in claims for insurance coverage. This will further certify that I, in consideration of the benefits to be derived by my son, in the event that he is a member of Texas American Legion Boys State to be held in Austin, Texas, do hereby release and discharge The American Legion, its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions, or causes of action which I may, can, or shall have by reason of any illness, injury, or accident incurred or suffered by said son while traveling to or from, attending at, or participating in Texas American Legion Boys State program from the time of his departure from home until his return thereto.

My son is not covered with hospital insurance. My son has hospital coverage with: _____

PHYSICIAN: Physical Examination:

Please consider the ability of the stated applicant to be one of a large group of boys physically fit and able to participate actively in this very active program.

CONDITION OF APPLICANT: _____

Is he ambulatory? Yes No Does he require medication or a special diet? Yes No Check if further information is attached.