



****** FORMS MUST BE MAILED TO: AMERICAN LEGION OF MONTANA –
PO BOX 6075 – HELENA MT 59604******

ONLINE REGISTRATION TO BE COMPLETED AT MTLEGION.COM OR MTLEGION.ORG

AMERICAN LEGION OF MONTANA

Boys State

PLEASE PRINT CLEARLY

APPLICANT'S NAME: _____
First Last

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

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

PARENT'S PHONE: _____ DELEGATE CELL PHONE: _____

DELEGATE EMAIL: _____

PARENT EMAIL: _____

HIGH SCHOOL: _____

Delegate Signature: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Principal's Name: _____

Principal's Signature: _____

American Legion Post # _____ Post Commander: _____

Post Commander Signature: _____

Medical Issues/Allergies: _____

Do you have special food/dietary requirements: _____

****** DO NOT USE SCHOOL EMAIL ADDRESSES ******



**AMERICAN LEGION OF MONTANA BOYS STATE MEDICAL
QUESTIONNAIRE**

Dear Parents,

Every precaution is taken to avoid accidents and sickness at Montana Boys State. Participants who do not already have group accident / sickness medical insurance coverage are insured under a group policy underwritten by Sentry Insurance. The Sentry policy is excess coverage to any other valid and collectible group insurance plan. (This exclusion does not apply to individual accident and sickness policies.) Should any unforeseen need arise for this insurance program, more detailed information will be sent directly to you at that time by Montana Boys State.

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that we (I), the undersigned parent(s) or guardian(s) of _____ do, in the event that our (my) son becomes a member of the American Legion's Montana Boys State, 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 treatments, X-ray examination or other hospital services.

WAIVER OF CLAIM

This will further certify that we (I), the undersigned, in consideration of the benefits to be derived by your (my) son, in the event that he is a member of the American Legion's Montana Boys State, 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 we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son while travelling to, attendance at or participation in The American Legion's Montana Boys State Program from the time of his departure from home until his return thereto.

******* YOU MUST BRING THIS FORM WITH YOU *******

TURN OVER →

INSURANCE INFORMATION

(To be completed only if parent(s) carry a GROUP medical insurance plan.)

Name of parent(s) group medical insurance carrier:

Policy or Certificate Number:

Parent to whom policy was issued:

Employer to whom policy was issued:

MEDICAL STATEMENT

Your son is about to participate in an active and strenuous 5-day program involving up to 500 boys (answer questions on separate sheet if necessary.)

Does he have any communicable diseases?

Is there a chronic disease that might worsen?

Should his physical activities be limited?

Are there any other restrictions?

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

******* YOU MUST BRING THIS FORM WITH YOU *******



AMERICAN LEGION
Montana Boys State



To: Delegates, Parents/Guardian

As a delegate, I pledge that:

- ✓ My religion will permit me to Pledge Allegiance to the Flag of the United States of America.
- ✓ I will not ask to leave American Legion Boys State before the end of the session, unless illness or death in my immediate family requires it.
- ✓ I will obey all rules of American Legion Boys State.
- ✓ I will take a serious and conscientious interest in discharging my duties as a citizen of American Legion Boys State.
- ✓ If elected to office, I will serve that office to the best of my ability.
- ✓ Upon returning home, I will make a formal report to my sponsoring Post of the American Legion or other group if asked.
- ✓ I will not ask for special favors in which all the boys cannot participate.
- ✓ I will be fair and honest in all my dealings with my fellow citizens of Montana American Legion Boys State and I will respect the judgment of the Boys State counselors and staff members.
- ✓ I will be available to attend the full session of American Legion Boys State unless approved by the Director.
- ✓ I understand that any illicit use of drugs or alcohol while at American Legion Montana Boys State will result in my dismissal and my parents/guardian will be called immediately to come and pick me up.

I/We understand that if our son is unable to attend the full session and to fully discharge his duties as a Boys State Delegate for any reason except a documented medical matter that I/We will be responsible for reimbursing the sponsor or American Legion Post for his registration fees (\$300.00).

Delegate Name: (Print Clearly) _____ **Date:** _____

Delegate Signature: _____

Parent / Guardian Signature: _____ **Date:** _____