



The American Legion Department of Washington  
*Evergreen Boys State*  
**2008 Attendance &  
Medical Permission Form**

**IMPORTANT: This form must be returned immediately to:**

**Tina Borner  
EBS Administrative Officer  
11008 Wauna St SW  
Lakewood, WA 98498**

(You cannot attend if this form is not on file in the Evergreen Boys State Office at Central Washington University prior to noon, June 15, 2008)

Citizen's Last Name \_\_\_\_\_

Citizen's First Name \_\_\_\_\_ M Initial \_\_\_\_\_

**The Citizen:**

I have **READ** all of the material on the [www.EvergreenBoysState.org](http://www.EvergreenBoysState.org) website under "**Citizen's Program Information.**" I understand Evergreen Boys State is a university level learning experience and not a recreational outing. I have read the "**Citizen's Code of Behavior.**" I understand and agree to comply at all times, to the best of my ability. I understand that my obligation is for the full program time period, Noon on June 15, through Noon on June 21, 2008. I agree to stay for the full time period.

**Citizen's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Parents:**

**I have read all** of the **Internet** material for "**The Citizens,**" as stated above, with my son. I believe my son understands his obligation to those who have nominated, selected and sponsored him to attend The American Legion Evergreen Boys State program.

**I understand my financial obligation** to The American Legion Evergreen Boys State Incorporated to be: 1. If for any reason my son cannot comply with the rules of the program and is returned home early; OR 2. If he should for any reason leave, or be caused to leave the program; OR 3. Should my son cancel and not give notice prior to June 1, 2008, I am aware I am responsible for his full financial obligation to The American Legion Evergreen Boys State program. **I have acknowledged** the above financial obligation by my signature on the application and again on this Attendance & Medical Permission Form.

I know of no health or other reason why my son should not attend The American Legion Department of Washington Evergreen Boys State program. **By my signature below, I give my permission for my son to attend the Evergreen Boys State program and be attended to by medical professionals if deemed necessary** while attending and under the care of The American Legion Evergreen Boys State Program. *(I have provided any medical history deemed necessary on the reverse side of this page.)*

(Or Legal Guardian)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_