

Established in 1940



The American Legion  
Department of Washington

# Evergreen Boys State

P.O. Box 3917 Lacey, WA 98509-3917

[www.EvergreenBoysState.org](http://www.EvergreenBoysState.org)

## 2010 CITIZEN'S APPLICATION

(BOTH SIDES or PAGES 1&2 of this APPLICATION MUST BE COMPLETED)

This application **must** be returned to The American Legion Evergreen Boys State office for processing.

*(Please Print Clearly)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA ZIP: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
Leave blank if you do not have email

Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address (City, State, Zip) Phone number

Selecting American Legion Post \_\_\_\_\_ Post # \_\_\_\_\_  
Required

High School (Name) \_\_\_\_\_ Website address, www. \_\_\_\_\_  
Required

Address \_\_\_\_\_  
Mailing Address (City, State, Zip) Phone number

HS Counselor's Name \_\_\_\_\_ Email address, \_\_\_\_\_  
Required Required

### For the Delegate:

I understand the principles and purpose of The American Legion, Evergreen Boys State. I will comply with all the Rules and Regulations of the program as explained to me. I understand that I am obligated to **attend the entire week of June 20<sup>th</sup> through June 26<sup>th</sup>, 2010** at The American Legion Evergreen Boys State. I will participate in this program to the best of my ability.

Applicants Signature \_\_\_\_\_

### Parent and Delegate (Answer Yes or No)

Do you have any medical conditions you are currently being treated for by a medical physician? \_\_\_\_\_

Do you have any special needs? \_\_\_\_\_

Do you have any physical requirements that may need the assistance of others? \_\_\_\_\_

Are you currently using any prescription drugs? \_\_\_\_\_

If you answered **YES** to any of the above questions, you **MUST** explain.

### Medical Explanation:

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature \_\_\_\_\_ Parents Signature \_\_\_\_\_

Application page 2

A parent or guardian of the Evergreen Boys State, prospective Citizen, must sign the following waiver.

In consideration of benefits to be derived by my son, \_\_\_\_\_ in the event he is a Citizen of The American Legion, Department of Washington Evergreen Boys State held at Central Washington University in Ellensburg, Washington. I hereby voluntarily waive any claim against The American Legion Evergreen Boys State Incorporated and/or The American Legion, Department of Washington. Any accident or other situation that may arise or occur in connection with travel to or from, attendance at, or participation in this session of The American Legion Evergreen Boys State, from the time of his departure from home until his return thereto shall be exempt of all or any recourse.

Should my son require medical treatment or hospitalization for any accident or illness during this session of The American Legion Evergreen Boys State, the attending physician and/or hospital is authorized to treat my son. I will release all such diagnostics and treatment information as may be necessary to complete any insurance claims.

Parent or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned Parent or Guardian, have discussed the responsibilities and duties of participation in The American Legion Evergreen Boys State with my son. He is aware of his obligation to follow all the rules of The American Legion Evergreen Boys State. I have made him aware he may be subject to disciplinary action, for violation of Evergreen Boys State rules. I am aware; his violation of these rules may result in his being expelled from The American Legion Evergreen Boys State session, at my expense for any costs incurred.

And further, once my son is accepted as a Citizen to Evergreen Boys State and fails to attend without 21 days prior notice, I will reimburse The Local American Legion Post for all costs incurred on behalf of my son, if requested.

I 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 or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Note - The completion and return of this form is not an indication of your acceptance as a Citizen to this prestigious American Legion Program. It is simply a nomination on your behalf. Applicants may be required to interview and/or to attend an orientation. The final selection and award of tuition funds to cover the \$275.00 Citizen's Tuition fee, is at the sole discretion of the local American Legion Post. Be aware you will be responsible for payment of a \$100.00 Delegate Registration Fee, if you are selected as a Citizen. Transportation arrangements are made through the local American Legion Post

*This Application is not valid without appropriate signatures in each blank space!*

Once the appropriate American Legion Post Officer signs below and the Citizen's Tuition has been paid by a Sponsor, the Application is processed in The American Legion Department Office, you will receive your Citizen's Notification with further instructions, you are then obligated to attend the full program.

<b>USE ONLY for the American Legion Evergreen Boys State Chairman:</b>	
Chairman's NAME _____	Phone # 1- ____ - ____ - _____
<b>Your, Local American Legion Post is:</b>	
Post NAME _____	Phone # 1- ____ - ____ - _____
<b>Post Chairman's or Post Commander's Signature (required)</b>	
Date _____	Name _____