



The American Legion Department of Washington
Evergreen Boys State
**2010 Attendance &
Medical Permission Form**

(You cannot attend if this form is not on file in the Evergreen Boys State Office at Central Washington University prior to noon, June 20, 2010)

Please Return to: **American Legion Department of Washington Headquarters**
Attn: Tom Connor
P.O. Box 3917
Lacey, WA 98509-3917

Citizen's Last Name _____

Citizen's First Name _____ M Initial _____

The Citizen:

I have **READ** all of the material on the 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 20, through Noon on June 26, 2010. 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, 2010, 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 (____) ____-____