



The American Legion
Department of Washington
Evergreen Boys State

P.O. Box 3917 Lacey, WA 98509-3917
www.EvergreenBoysState.org

Evergreen Boys State Registration

PAGES 1, 2, 3 & 4 of this Registration must be completed by the Applicant and Parent or Guardian

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

(Please Print Clearly)

Student Name: _____ Age: _____

Address: _____ City: _____ State: WA ZIP: _____

Home Phone: ____ - ____ - _____ Cell Phone ____ - ____ - _____ Shirt Size: S, M, L, XL, XXL

Email Address: _____

Facebook Address: _____

Parent or Guardian Name: _____

Address _____
Mailing Address (City, State, Zip) Phone number

Home Phone: ____ - ____ - _____ Cell Phone ____ - ____ - _____

Email Address: _____

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 Student:

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 stated on line at www.EvergreenBoysState.org I understand that I am obligated to **attend the entire week of June 17th through June 23rd, 2011** at The American Legion Evergreen Boys State. I will participate in this program to the best of my ability.

Applicants Signature _____

Parent or Guardian Signature: _____

For the Parent and Student: (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? _____

Are you currently using any prescription drugs? _____ What? _____

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

Applicants Signature _____ **Parents Signature** _____

For the Parents or Legal Guardian:

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

In consideration of benefits to be derived by my son, (Name) _____
in the event he is a Student 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 sessions 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, as 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 Student to Evergreen Boys State and fails to **attend without 30
days prior notice, I will reimburse The Local American Legion Post for all costs** incurred on behalf of my
son.

And further, 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** _____

Student's Signature: _____ **Date** _____



The American Legion Department of Washington

Evergreen Boys State

Official Attendance & Physician Medical Permission Form

You can NOT ATTEND if this form is not on file in the Evergreen Boys State Office at Central Washington University prior to noon, June 17th, 2012

For the Parents:

Student's Last Name _____

Student's First Name _____ **M Initial** _____

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 30 days prior notice, 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 on this Official Attendance & Physicians 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 this page or it is attached.)**

Parent or Guardians Signature _____ **Date** _____

Address _____ **City** _____ **WA, Zip** _____

Home Phone (____) ____ - ____ **Work Phone** (____) ____ - ____ **Cell Phone** (____) ____ - ____

Medical History of above named Student: _____

_____ (attach further information If required)

Name of Family Physician _____ **Date** _____

Address _____ **City** _____ **WA, Zip** _____

Home Phone (____) ____ - ____ **Work Phone** (____) ____ - ____ **Cell Phone** (____) ____ - ____

I have provided any medical history deemed necessary above; if left blank there is no previous medical history necessary for treatment.

Parent or Guardians Signature _____ **Date** _____

Address _____ **City** _____ **WA, Zip** _____

Home Phone (____) ____ - ____ **Work Phone** (____) ____ - ____ **Cell Phone** (____) ____ - ____

Parent or Guardians Signature:

I have read all of the Internet material for "The Students," 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 will encourage him to review the www.EvergreenBoysState.org for additional information.

Parent or Guardians Signature _____

The Student:

I have READ all of the material on the www.EvergreenBoysState.org website under "Student's Program Information." I understand Evergreen Boys State is a university level learning experience and not a recreational camp. I have read the "Student'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 17th, through Noon on June 23rd, 2012. I agree to stay for the full time period.

Student's Signature _____ Date _____

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

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

OFFICIAL USE ONLY for the Evergreen Boys State Chairman:

___ Yes, ___ No: I have had personal contact with the above student and his parents or guardian about the Evergreen Boys State program.

___ Yes, ___ No: I have reminded the above student and his parents or guardian of the \$125 Registration fee, payable at on campus registration at Ellensburg, WA.

___ Yes, ___ No: I have explained to the above student and his parents or guardian the transportation arrangements and their obligations for transportation costs.

___ Yes, ___ No: I have reminded the above student and his parents or guardian All information pertaining to the program is on the website at www.EvergreenBoysState.org

___ Yes, ___ No: I have reminded the above student and his parents or guardian of the time and place of the District Evergreen Boys State Orientation.

Post Chairman's NAME _____ Phone # 1- ____ - ____ - _____

Selecting Post NAME _____ Phone # 1- ____ - ____ - _____

Date _____ Name _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Email Address: _____

Post Processed Date: _____ Office Processed Date: _____

Applicant Name: _____

COMPLETE ONLY IF REQUIRED BY LOCAL AMERICAN LEGION POST CHAIRMAN			
Name (of Parent/Guardian) ☞ _____			
Home Phone ☞ _____	Work Phone ☞ _____	Cell Phone ☞ _____	
Address ☞ _____		City ☞ _____	State ☞ _____ Zip ☞ _____
In case of emergency (assuming parent/guardian is not available) please contact: ☞ Phone Number ☞ _____			

TO BE COMPLETED BY <u>APPLICANT</u> AND <u>SPONSOR</u>		
<u>Make checks payable to The American Legion Evergreen Boys State Inc</u>		
APPLICANT'S RERISTRATION FEE	(Pays for Program Materials & Administration fees) Paid at Registration in CWU in Ellensburg, WA	\$ 125.00
SPONSOR'S NAME (as it will appear on Thank You certificate)	COMPLETE MAILING ADDRESS OF SPONSOR	AMOUNT
Local American Legion Post # _____ Funding Paid for this applicant		
	TOTAL DUE FROM SPONSOR(S)	\$275
	TOTAL DUE WITH APPLICATION (\$275 SPONSOR FEE + \$125 APPLICANT REGISTRATION FEE)	\$400

Note: Virtually anyone, including parents, can sponsor you to Evergreen Boys State. In addition to families, delegates are sponsored by American Legion Posts, civic organizations, businesses, clubs and interested individuals. Once a donation is made for an individual sponsorship those donations will not be refunded to individual sponsor, those funds will be used for other individuals sponsorship fees.

FOR SCHOOL AND SPONSOR SIGNATURES	
High School Official Verification _____	
Sponsor (if other than parent) _____	
Post Official Chairman's Signature _____	
Title and Post # _____	Legion Dist. # _____