



APPLICATION TEXAS AMERICAN LEGION BOYS STATE

Mail completed form to:

Attn: Mamie Hughes
The American Legion,
Department of Texas
PO Box 140527
Austin, TX 78714

(Office use only)

ID#

Date Recv'd

APPLICANT

Last Name	First Name	Preferred Name (for nametag)	Birth Date (mm-dd-yyyy)	T-Shirt Size (Adult S, M, L, XL, XXL, or other)	
Mailing Address		City	State	ZIP Code	
E-mail Address for the applicant		Cell phone for applicant (if applicable, xxx-xxx-xxxx)		Applicant Twitter Account (if applicable)	

Have you been exposed to any contagious diseases within the last 3 months? ☐ No ☐ Yes---explain here:

Have you had any reactions of any kind from taking prescription or non-prescription drugs or medicine? ☐ No ☐ Yes---explain here:

Have you had inoculations for Whooping Cough, Diphtheria, or Tetanus? ☐ No ☐ Yes---when?:

TEXAS AMERICAN LEGION BOYS STATE PLEDGE. I pledge allegiance to the flag of the United States of America and to the republic for which it stands. I have never attended The American Legion Boys State, and if accepted, will, to the best of my ability:

- 1) Take a serious and conscientious interest in discharging my duties as a citizen;
- 2) Obey the rules of Boys State;
- 3) Respect the judgment of the Boys State Director, the counselors, and the staff;
- 4) Participate in all activities;
- 5) Seek election or appointment to office, and, if elected or appointed, serve that office;
- 6) Keep myself neat and well groomed at all times;
- 7) Avoid the use of profane language and actions;
- 8) Refrain from injurious habits, such as the use of tobacco, alcohol, and illicit drugs; and
- 9) Upon my return home from Boys State, make a formal oral or written report to my sponsor(s).

SIGNATURE	SIGNATURE OF APPLICANT	DATE (MM-DD-YYYY)
	X	

PARENT or LEGAL GUARDIAN

Relation to Applicant	Full Name of Parent or Guardian	<input type="checkbox"/> My son is NOT covered with hospital insurance <input type="checkbox"/> My son has hospital coverage with:	
Home Phone (if applicable, xxx-xxx-xxxx)	Work Phone (if applicable, xxx-xxx-xxxx)	Cell Phone (if applicable, xxx-xxx-xxxx)	
E-mail Address for the Parent or Guardian	Secondary e-mail address (work, etc.)	E-mail address of main contact for the hometown newspaper	
Mailing Address (if different than above; otherwise, use the word "SAME")	City	State	ZIP Code

CERTIFICATION AND CONSENT. This is to certify that I, the parent or guardian of the applicant, do, in the event that my son becomes a participating member of Texas American Legion Boys State to be held in Austin, Texas, 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 treatment, x-ray or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinic(s) to release necessary medical information to our local doctors and for use in claims for insurance coverage. This will further certify that I, in consideration of the benefits to be derived by my son, in the event that he is a member of Texas American Legion Boys State to be held in Austin, Texas, 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 I may, can, or shall have by reason of any illness, injury, or accident incurred or suffered by said son while traveling to or from, attending at, or participating in Texas American Legion Boys State program from the time of his departure from home until his return thereto. I also understand that this form also serves to establish my consent and permission for the above-named minor ("Applicant") to be photographed or audio- or video-taped for use by the Texas American Legion Boys State in various forms of public media presentation, including presentation on the World Wide Web and in printed materials.

SIGNATURE	SIGNATURE OF PARENT or GUARDIAN	DATE (MM-DD-YYYY)
	X	

PHYSICIAN INFORMATION AND APPROVAL TO PARTICIPATE

Full Name of Physician	Office Phone (xxx-xxx-xxxx)	Address	City	State	ZIP Code
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PARENT/GUARDIAN APPROVAL OF PHYSICAL ACTIVITIES. Texas Boys State is a very active program. In the next section are listed key attributes that will be required during the week long program. By signing below, you are giving your approval that your son is physically fit and able to participate fully in this very active program.

Does he require medication or a special diet?
☐ Yes ☐ No
☐ Check if further information is attached.

LISTING OF REQUIRED PHYSICAL INVOLVEMENT:

- Must be able to walk in aggregate 6-8 miles per day in 90-100 degree heat (average distance of walking is approximately ¾ - 1 mile at a time)
- Must be able to walk in aggregate of 20 flights of stairs per day (average is 4-6 flights climbed at time)
- May also choose to participate in supervised athletic activities, including volleyball, basketball, and/or dodgeball, and in doing so, be in solid physical shape for these events

SIGNATURE	SIGNATURE OF PARENT/GUARDIAN	DATE (MM-DD-YYYY)
	X	

SCHOOL ADMINISTRATOR

Full Name of Nominator	Title or Position of Nominator	Name of High School	School District
E-mail Address of Nominator	Phone Number of Nominator	Principal's e-mail address	Superintendent's e-mail address

SCHOOL CERTIFICATION. I hereby certify that applicant meets all requirements of Texas American Legion Boys State & has my approval to attend.

SIGNATURE	SIGNATURE OF SCHOOL OFFICIAL	DATE (MM-DD-YYYY)
	X	

LEGION SPONSOR

Post Number	Name of Post	City	District Number that the Post is tied to	Full Name of Post Representative
Post Representative's e-mail address			Phone of Post Representative (xxx-xxx-xxxx)	

Source of Financial Sponsorship (Check all applicable sources) ☐ Legion Post ☐ Civic Organization ☐ School District ☐ Individual ☐ Other:

SPONSORING POST AFFIDAVIT. I hereby certify that I have interviewed the applicant and he meets the eligibility requirements and selection criteria to be appointed as a delegate to Texas American Legion Boys State.

SIGNATURE	SIGNATURE OF LEGION OFFICIAL	DATE (MM-DD-YYYY)
	X	