

Important: This application is not complete without all sections filled in and the necessary signatures obtained. Address all applications and correspondence to: **YOU MUST BE COMPLETING YOUR JUNIOR YEAR TO APPLY FOR LITTLE RHODY GIRL STATE** 

American Legion Auxiliary Girls State % Alishia-Ann Levasseur, PO Box 6715, Warwick RI 02887

RIAmericanLegionAuxiliary@gmail.com

#### PART 1: APPLICATION

Girls Full Name:			
AgeDate of Birth:			
Place of Birth:	Phone:_		
Email:		-	
Street Address:			
City:	State:	_Zip:	
Why should you be considered f Legion Auxiliary Girls State Prog	• •	ion in this year's American	
Name of School		Grade	_
School Mailing Address:			
Name of School Principal: List school or class offices you h			



List activities you have participated in while in high school:

College or University you plan on attending:

What profession are you currently considering?

Name of Newspaper in Home City or Town:

Do you have any physical disabilities we should be aware of?

Considering that the shirts tend to run small, what size shirt would you need?

(Please check one) Small\_\_\_Medium\_\_Large\_\_\_X Large\_\_\_2XL\_\_3XL\_\_4XL\_\_

END OF PART 1



### PART 2: CERTIFICATIONS

Name:		
School:		
Date of Birth:		

You should be fully aware of the fact that the Girls State Program is devoted to functional citizenship training for potential leaders in various communities of our State, and that your admission to Girls State depends upon your school record, character, and qualities of leadership.

Do you pledge to cooperate and participate in the activities and to abide by ALL Girls State rules and regulations?

(Girls Signature)

## Principal's Endorsement

As Principal of \_\_\_\_\_\_School, I recommend the above-mentioned student from our Junior Class be accepted into Girls State because of her character, leadership qualities, and interest in Government.

(Principal's Signature)

END OF PART 2



PART 3: Health Certification

# NOTE: The health certification below is a required part of this application. Please have it signed by a physician and return with this application.

To the Director of Girls State:

This is to certify that I have examined	and find her to be
in good physical condition, able to take part in the usual recreationa	l activities and free from
contagious diseases.	

Signed\_\_\_\_\_

Physician

END OF PART 3



#### PART 4: RELEASE OF LIABILITY

#### ST. ANDREWS SCHOOL, BARRINGTON

Date: \_\_\_\_\_

I hereby consent to the participation of	
Girls State program at St Andrews School in Barrington Rhode Island.	

I hereby release the sponsors of the American Legion Auxiliary Girls State program from any and all liability which may arise due to accident, sickness, supervision or any other cause. It being understood, all participants will be closely supervised day and night by adult personnel who are skilled in their work area.

Health Insurance Policy	
-------------------------	--

#### TRANSPORTATION:

The Girls should arrive at <u>3:00pm on Sunday June 16<sup>th</sup> 2024</u> at St Andrews School, 63 <u>Federal Rd Barrington RI 02806</u>. The Girls will gather in the main parking lot and once checked in will be escorted to their assigned room.

I understand that transportation to and from St Andrews School on Thursday June 20th

2024 for the State House visitation part of the program will be provided by the Girls State committee.

We ask that parents drop off students on Sunday and pick up students after graduation on Friday June 21st 2024.

Signature of parent/guardian



#### PART 5: Health and Contact Information

Girls Name \_\_\_\_\_

**Emergency Phone Numbers** 

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

Contact 1: Name:		
Email:		
Relationship to participant	:	
Contact 2: Name:		
Phone Number:		
Email:		
	:	_
Doctor: Name:	Phone:	
Insurance Carrier & Medical ID #:		
Medication taken:		
Allergies:		



# PART 6: PARENTAL CONSENT FORM

The following parental responsibility statement is to be executed by the parent, stepparent, or legal guardian where participant is a minor under the age of 18.

## AUTHORIZATION AND RELEASE OF LIABILITY

KNOW ALL WOMEN BY THESE PRESENTS: That the undersigned gives permission for my minor child, stepchild, or ward,\_\_\_\_\_\_\_\_, to utilize facilities and equipment at St. Andrews accepting fully any liability which might arise from the minor's actions. I further acknowledge that St. Andrews does not provide any liability coverage for the minor against claims, which may arise from use of said facility and equipment. Furthermore, the undersigned, in consideration of the permission extended to my minor by St. Andrews through its officers, agents and employees to use said facility and equipment, do for myself, my heirs, executors, administrators and assigns remise, release, and forever discharge St. Andrews and all of its officers, employees and agents from any and all claims, demands actions or causes of action on account of death, injury or property damage which may occur whether occasioned by the negligence, wrongful acts or omissions of said officers, personnel, agents, employees, or otherwise incurred by reason of said use, and further do indemnify and hold harmless, St. Andrews and all of its officers, employees, or otherwise incurred by the negligence, wrongful acts omissions of said officers, demands, actions or causes of action on account of death, injury or property damage, actions or causes of action on account of death, injury or property damage, actions or causes of action on account of death, injury or property damage, actions or causes of action on account of death, injury or property damage, actions or causes of action on account of death, injury or property damage, actions or causes of action on account of death, injury or property damage which may occur whether occasioned by the negligence, wrongful acts omissions of said officers, personnel, agents, employees, or otherwise incurred by reason of said use.

In case of accident or illness, permission is hereby granted to St. Andrews, operating through its officers, agents and employees, to authorize such medical treatment or hospitalization as may be required as a result of the use of the aforementioned facility and equipment at no cost to St Andrews School, its officers, agents and employees.

I further agree that I will require said minor to abide and strictly adhere to all rules and regulations concerning the use of said facility equipment.

\_SIGNATURE OF PARENT/STEPPARENT/GUARDIAN

DATE

PRINTED NAME OF PARENT/STEPPARENT/GUARDIAN

**END OF APPLICATION** 





# ALA Girls State Participant Media Release Permission to Use Photographs and videos

# American Legion Auxiliary Department of Rhode Island Girls State Program

## Sunday, June 16, 2024 – Friday, June 21,2024

I grant to the American Legion Auxiliary, its representatives, and employees the right to take photographs and/or video of me and my property in connection with the above-identified subject. I authorize the American Legion Auxiliary, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the American Legion Auxiliary may use such photographs/video of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web-rebated content.

I have read and understand the above:

Signature
Printed name
Drganization Name (if applicable)
Address
Date
Signature of Parent or Guardian
(if underage 18)



## American Legion (TAL) LITTLE RHODY BOYS / ALA GIRLS STATE RULES, REGULATIONS AND EXPECTATIONS

# Packing List:

- Personal Hygiene Needs (deodorant, toothbrush, toothpaste, shampoo, conditioner)
- Any **Prescribed** Medications
- Clothes (no holes, no profanity, business casual for State House visit)(Shirts will be provided for assemblies) (pants are recommended)(Shorts must be knee length)
- Gym Clothes We will have gym (PT) daily
- Laptop Will be used daily, If you do not have a laptop we will assist
- Paper and Writing tools
- Sneakers (for Gym) Shoes for daily wear NO FLIP FLOPS DURING PROGRAM HOURS
- Linens and towels ( pillows, sheets, blanket )

# RULES

1. No Citizen will be allowed to leave any of the session except with permission of a counselor or Chairman/sign out sheet will be signed. (See Rule #12)

2. Citizens will always stay with the group or with a counselor. Citizens seen away from the group without a counselor will be dismissed from the sessions.

3. When dining in the cafeteria, please sit together. Boys State Citizens with Boys State Group and Girls State Citizens with Girls State Group. Wear your assigned shirt when in the cafeteria. No sandals, no flip flops in the cafeteria. (Flip flops only in shower area.) You must wear shoes in the sessions and dining area.

4. Please consult your program regarding time and place you are to be; a copy of the program/agenda will be provided. Make sure all medications and required materials are in your possession for the day before leaving dorms for session.

5. There will be NO visitors allowed other than the day of Graduation. A Parent or Guardian must pick up the Citizen directly following close of the Graduation Ceremony.

- 6. Assigned shirts MUST be worn on Campus. (Exception: GYM)
- 7. There will be NO SMOKING and NO Alcoholic beverage or controlled substances on Campus.
- 8. Secure ALL personal items in rooms. Citizens are responsible for personal items and valuables.
- 9. No chewing gum in Senate Sessions.

10. No Cell Phones in Senate Sessions. Misuse of cell phones will result in cell phones being left in secured rooms.

#### 11. Lights OUT at 11:00 PM

12. No Citizen will be allowed to leave the campus without a parent or guardian signing a consent form. Leaving a session will result in giving up your chance at TAL Boys / ALA Girls Nation. All sessions/activities must be attended.



13. Please RISE when a guest is presented to the Senate Sessions.

14. ALL CITIZENS MUST ABIDE BY ALL RULES AND REQUISITIONS OR WILL BE ASKED TO LEAVE.

15. NO bullying or verbal abuse. No bullying or abuse via cell phone (Texting, Facebook, or twitter or any other social media platform.) All Citizens guilty of these abuses will be subject to dismissal.

17. If you have questions, please consult your counselor or Boys/Girls State Director

18. IF YOU ARE DRIVING YOURSELF TO PROGRAM KEYS ARE TO BE LEFT WITH ADULT PERSONNEL AND WILL BE RETURNED UPON DISMISSAL FRIDAY

19. ANYONE CAUGHT ACTING OUT OF THE TAL BOYS/ALA GIRLS STATE GUIDELINES WILL HAVE PARENTS CALLED AND YOU WILL BE SENT HOME FROM THE PROGRAM WITHOUT CREDIT OF ATTENDANCE