



Application for the American Legion Boys State
2018 Session to be held June 17th-22nd
St. Andrews School, 63 Federal Road, Barrington, RI 02806

(Please type or print all information)

Important: This application is not complete without all sections filled in and the necessary signatures obtained.
Address all applications and correspondence to:

American Legion Boys State, c/o Ronald Levasseur, PO Box 114028 North Providence RI 02911, or by email
at RonRIVeterans@yahoo.com.

PART 1: APPLICATION

Boys Name:

First _____ Middle _____ Last _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Why should you be considered for participation in this year's American Legion Boys State Program?

Name of School: _____ Grade: _____

School Mailing Address: _____

Name of School Principal: _____

Name of referring Guidance Counselor and email: _____



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List school or class offices you hold or have held in high school:

1. _____
2. _____
3. _____
4. _____

List activities you have participated in while in high school:

1. _____
2. _____
3. _____
4. _____

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 ___ XLarge ___ 2XL ___ 3XL ___ 4XL ___

END OF PART 1



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PART 2: CERTIFICATIONS

Name: _____

School: _____

Date of Birth: _____

You should be fully aware of the fact that the Boys State Program is devoted to functional citizenship training for potential leaders in various communities of our State, and that your admission to Boys 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 Boys State rules and regulations?

(Boys Signature)

Principal's Endorsement

As Principal of _____ School, I recommend the above mentioned student from our Junior Class be accepted into Boys State because of his character, leadership qualities, and interest in Government.

(Principal's Signature)



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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 Boys State:

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

Signed _____

Physician

END OF PART 3



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PART 4: RELEASE OF LIABILITY

ST. ANDREWS SCHOOL, BARRINGTON

Date: _____

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

I hereby release the sponsors of the American Legion Boys 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 this work area.

Health Insurance Policy _____

TRANSPORTATION:

The boy should arrive at 3:00pm on Sunday June 17th 2018 at St Andrews School, 63 Federal Rd Barrington RI 02806. The boys 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 21st 2018 for the State House visitation part of the program will be provided by the Boys State committee.

We ask that parents drop off student on Sunday and pick up student after graduation on Friday June 22nd 2018.

Signature of parent/guardian



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END OF PART 4

PART 5: Health and Contact Information

Boys Name _____

Emergency Phone Numbers

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

Contact 1: Name: _____

Phone Number: _____

Email Address: _____

Relationship to participant: _____

Contact 2: Name: _____

Phone Number: _____

Email Address: _____

Relationship to participant: _____

Doctor: Name: _____ Phone: _____

Insurance Carrier & Medical ID #: _____

Medication taken:

Allergies: _Food and Drug: _____

END OF PART 5



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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 MEN 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 and agents against 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 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



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Samsung applications must be filled out online. Please visit: www.littlerhodyboysstate.com and click on the Samsung Application link.

END OF APPLICATION