

1 | Page

(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 Full Name:		Age:
Date of Birth:	Place of Birth	:
Phone:	Email:	
Street Address:		
City:S		
Why should you be considered for part Program?		
Name of School:		Grade:
School Mailing Address:		
Name of School Principal:		



2 | Page

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

1.	3
2.	4.
-	

List activities you have participated in while in high school:

1	3
2	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 ____ 2XL ___ 3XL ___ 4XL ____

END OF PART 1



3 | P a g e

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)



4 | Page

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



PART 4: RELEASE OF LIABILITY

ST. ANDREWS SCHOOL, BARRINGTON

Date: _____

5 | Page

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.

TRANSPORTATION:

The boys should arrive at 3:00pm on Sunday June at St Andrews School, 63 Federal Rd <u>Barrington RI 02806.</u> 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 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 .

Signature of parent/guardian



END OF PART 4

3oys Nam	e
Emergenc	y Phone Numbers
	nt of a medical emergency, the following people and emergency medical should be contacted:
Contact 1	: Name:
	Phone Number:
	Email:
	Relationship to participant:
Contact 2	: Name:
	Phone Number:
	Email:
	Relationship to participant:
Doctor: N	ame:Phone:

6 | Page



7 | Page

Medication taken: ______

Allergies: _____

END OF PART 5

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, or otherwise incurred by the negligence, wrongful acts on account of death, injury or property damade, actions or causes of action on account of death, injury or property damade, actions or causes of action on account of death, injury or property damade, actions or causes of action on account of death, injury or property damade, actions or causes of action on account of death, injury or property damade, actions or causes of action on account of death, injury or property damade, 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 facility and equipment at no cost to St Andrews School, its officers, agents and employees.



8 | Page

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