



American Legion Auxiliary
Department of California
California Girls State



2nd Alternate Application

Unit# _____ District # _____ Unit Name _____
 Chairman _____
 Address _____
 E-mail _____ Phone _____

The following individual has been selected as 2nd ALTERNATE to attend California Girls State in the event the DELEGATE and 1st Alternate are unable to attend for any reason.

2nd Alternate Name _____ Age _____
 Mailing Address _____
 City _____ CA, Zip _____
 Parent(s) (or Legal Guardian) of Alternate _____
 Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone _____
 In an Emergency Notify _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____

I, the undersigned, in consideration of the acceptance of this application and the training benefits to be derived by me as a citizen of the Annual Girls State, do hereby agree to be in attendance the **entire session** (extreme emergency excepted) to conduct myself according to all rules and regulations established for the governing of the California Girls State, which is sponsored and conducted by the **American Legion Auxiliary**, Department of California. **I do not have any applications pending nor will schedule any program that will affect my attendance at Girls State.**

I am a direct descendant (child/grandchild/great-grandchild/adopted) of a veteran. YES ___ NO ___

Signature of 2nd Alternate _____ Date _____
 Name of High School _____
 Signature of School Representative _____

It is the responsibility of the Unit Chairman to carefully check the parent's release, application form and ensure that all questions are completely answered and the required signatures have been obtained BEFORE forwarding papers to the Department Chairman and fees to the Department Office.

Signature of Unit Chairman _____ Date _____

Important Dates

School to Unit Chairman	March 1, 2010
Unit to Department Chairman	March 12, 2010
Material Sent by Director to Delegate	May 15, 2010
Girls State Session	Saturday, June 26 - Friday, July 2, 2010



American Legion Auxiliary
 Department of California
 California Girls State



PARTICIPANT AND PARENTAL ACCEPTANCE

No application will be accepted without this form completed and signed by the Girls State participant and her parent or guardian(s).

Participant Name _____

We understand and accept the following eligibility requirements:

- a. Limited to girls who are 11th grade students for the current school year (public, private, or home school). Each participant must plan to continue high school and attend one or more semesters immediately following the Girls State session.
- b. Previous Girls State Citizens shall not be eligible as a participant. The Department Chairman may accept or reject any applicant.
- c. Participants shall be selected on the basis of outstanding leadership, scholastic merit, interest in community and government, character, honesty, and cooperativeness.
- d. Girls State is a drug/alcohol free environment.
- e. Participants shall not be excluded because of religious medical beliefs.
- f. Must be of excellent character and citizenship, and should be in the upper third of her class scholastically.
- g. Should possess qualities of courage and honesty, and be cooperative with others. Upon her return from Girls State, participant must be willing to relate the interest and sense of responsibility of government she has gained from participating at Girls State to her school, community, and sponsors.
- h. Under no circumstances be or ever have been married. Respecting the importance of the parental role, no girl who is pregnant or a parent herself will be considered.
- i. Participants must be independent in the physical requirement of daily living; if not, we understand that we must provide an ATTENDANT AT OUR OWN EXPENSE. This attendant must be a minimum of twenty one (21) years of age, female, and able to attend the entire session.
- j. Final acceptance of delegate and alternate(s) is dependant on all paperwork being complete and eligibility requirements satisfied. The Unit makes the final choice after recommendations and interviews.
- k. Once at the Girls State session, if it is determined that these eligibility requirements have not been met, the participant will be sent home and the fees (\$350) will be repaid to the sponsoring Unit by the parent/guardian or delegate.
- l. If the delegate fails to attend, and a qualified alternate from her school is not able to attend, then the fees (\$350) will be repaid to the sponsoring unit by the parent/guardian or delegate.
- m. There is a \$50 Registration Fee which is non-refundable should you be moved to the delegate position.

SIGNATURES

Participant	Date
Parent/Guardian	Date
Parent/Guardian	Date

Participant Name _____ Unit# _____ Dist # _____

2010 California Girls State Medical Certification

NOTE: Any participant who arrives without the completed Medical Certification and Consent forms will not be allowed to participate in the program until the completed forms have been submitted. Girls State by nature is strenuous, both physically and emotionally; therefore, the ability to cope adequately with these conditions should be seriously considered when completing this statement. In the event of an emergency, the Girls State staff nurse will attempt to contact the parent/guardian directly regarding treatment.

Mother's Phone - Home _____ Work _____ Cell _____

Father's Phone - Home _____ Work _____ Cell _____

Emergency Contact Name if parent/guardian cannot be reached _____

Phone #(s) _____ Relationship _____

Past Illness (yes or no): _____ Measles _____ Small Pox _____ Poliomyelitis _____ Mumps

_____ Chicken Pox _____ Diphtheria _____ Typhoid Fever _____ Scarlet Fever _____ Mononucleosis

Hepatitis If yes, what type _____

Ear, Nose, Throat problems. If yes, describe _____

Present State of Health (yes or no): _____ Diabetes _____ Ulcer _____ ENT Problems

_____ Epilepsy _____ Heart Condition _____ Asthma _____ Vision Impairment _____ Drug Problems

_____ Emotional Problems Other physical conditions? _____

Current medications, dosage, frequency & storage (purse, drawer, refrigerator, etc.) _____

ALL MEDICATIONS MUST BE CHECKED BY NURSE IMMEDIATELY UPON ARRIVAL

Allergies (including drug, food and any others) _____

Physical limitations (glasses, contacts, prosthesis, etc.) _____

Date of last tetanus vaccination _____

Parent Signature _____ Date _____

Physician Certification: **This section is required ONLY if you are moved to the delegate position.**

I certify that I have examined this person and she is in good physical and mental condition. There are no health restrictions that would inhibit her participation in the program, and the above information is accurate and true.

Signature of Examining Physician _____ Date of Examination _____

A school physical exam taken within the last year may be submitted in place of the physician signature.

Participant Name _____ Unit# _____ Dist # _____

Consent to Medical Treatment and Hospital Services

This will certify that I/we, the Undersigned parent(s) or guardian of _____ do, in the event that my/our daughter becomes a participating member of the American Legion Auxiliary CA Girls State, to be held in Claremont, CA on the Pitzer College campus between the dates of June 26 - July 2, 2010 (inclusive), 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, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services. Permission is also granted for minor treatment, including the use of emergency First Aid medications by the CA Girls State staff or nurse.

Girls State Participant Information:

Name _____

Mother's Phone - Home _____ Work _____ Cell _____

Father's Phone - Home _____ Work _____ Cell _____

Alternate Contact IN CASE OF EMERGENCY:

Name _____ Relationship _____

Phone - Home _____ Work _____ Cell _____

INSURANCE INFORMATION

Medical Insurance Provider Name:

Provider Mailing Address:

Policy Information Number:

Person to Whom Policy was Issued:

PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM

I/We agree that in no event will the American Legion Auxiliary, Department of California or its officers, leaders, or agents become liable for the first aid rendered, treatment, drugs, medicines or surgical procedures performed pursuant to the consent; that the undersigned hereby holds such parties harmless from any liability which may occur as a result of this consent.

The undersigned will fully inform said Auxiliary of the physical condition of our daughter/ward, and any other matter concerning her, which may create a special problem or require special treatment.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date



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California Girls State



California Girls State

Release for Minors

I, being Parent/Guardian of _____, hereby consent that any photographs, films, audio, and visual tapes for which she posed may be used by California Girls State/American Legion Auxiliary, its assigns, subsidiaries, successors, and/or affiliated entities, in the manner they may desire, including newspaper, audio/visual productions, television, radio and digital recordings and postings on the organizations website. Furthermore, I hereby consent that such interviews, photographs, films, audio and visual tapes, digital imaging and the plates from which they are made be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, audio, visual tapes, digital imaging and plates, as they may desire, and for any legal purpose, free and clear of any claims for remuneration or otherwise, on my part.

IN WITNESS WHEREOF I have hereunto set my hand, on

This _____ day of _____, 20 _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Parent/Guardian Signature _____

Witness Signature _____

Please specify the city you live in _____

THIS FORM MUST BE COMPLETED

It is the UNIT CHAIRMAN'S RESPONSIBILITY TO COMPARE THIS form with the checklist before mailing.