PLEASE PRINT OR TYPE - COMPLETE THE APPLICATION IN ITS ENTIRETY AND RETURN IT TO YOUR COUNSELOR OR AMERICAN LEGION POST.

APPLICATION FOR
MARYLAND AMERICAN LEGION BOYS STATE
THE WAR MEMORIAL BUILDING
101 NORTH GAY STREET
BALTIMORE, MARYLAND 21202
(410) 752-1405

THIS SECTION IS TO BE COMPLETED BY THE SPONSORING AMERICAN LEGION POST

SPONSOR ______________________ **POST #**: __________ **TELEPHONE**:: ______________________

POST CHAIRMAN: ______________________ **CO-SPONSOR**: ______________________

ADDRESS: ______________________ **CITY**: ______________________ **STATE**: _______ **ZIP**: _________

THIS SECTION TO BE COMPLETED BY THE BOY STATER (APPLICANT)

APPLICANT'S

NAME:______________________ **D.O.B**. ______________

(last) (first) (mi)

ADDRESS:______________________ **CITY**: ______________ **COUNTY**:______________

STATE: ______________ **ZIP CODE**: ______________ **T-SHIRT SIZE**: **M**_____**L** ______ **XL** _____

PARENT/LEGAL GUARDIANS

FATHER: ______________________

(name)

HOME TELEPHONE: ______________________ **WORK TELEPHONE**: ______________________

MOTHER______________________

(name)

HOME TELEPHONE: ______________________ **WORK TELEPHONE**: ______________________

SCHOOL CERTIFICATION

We recommend this student of the Junior Class as a candidate for the Boys State Program. We believe he has the qualifications of character, integrity, leadership, intelligence and interest that would allow him to be a successful participant in the program.

SCHOOL NAME: ______________________ ______________________ TELEPHONE: ______________________

ADDRESS: ______________________ CITY: ______________ STATE: ________ ZIP: _______

COUNSELOR'S SIGNATURE: ______________________ DATE:______________________

APPLICANT'S CERTIFICATION

If accepted for Maryland American Legion Boys State, I agree to abide by all of the rules and regulations and will not leave the Program, except for emergencies authorized by my parent or legal guardian. I further certify that I have read and I am familiar with all of the information and regulations PREVIOUSLY SUBMITTED to me from The American Legion Department Head-quarters and my sponsoring Post.

APPLICANT'S SIGNATURE: ______________________ DATE: ______________________

HEALTH INSURANCE INFORMATION

(To be completed by Parent/Legal Guardians)

INSURER: ___________________________ POLICY: _____________ CERTIFICATE: _________________________________

POLICY HOLDER: ____________________ EMPLOYER: __________________________________ GROUP #: _____________

PLAN ADMINISTRATOR: ____ TELEPHONE #: ___________________________

ADDRESS: ___________________________________ CITY: _________________________ STATE: _____ ZIP: _____________

MILITARY DEPENDENT ID#: ______________________________

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PHYSICIAN'S MEDICAL INFORMATION

(To be completed by applicant's physician)

I have this day ________________ examined _______________________________ a candidate for the Maryland American Legion Boys State Program and I find him free of physical defects and communicable diseases at this time. His blood type is __________. The following is a list of the medications and prescription drugs he is taking and the medical conditions for which these drugs are necessary:

____

____

____

PHYSICIAN:________________________________ TELEPHONE: __________________________

PHYSICIAN'S SIGNATURE: _____________________________________ DATE: ___________

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KNOW ALL MEN BY THESE PRESENTS

That I (we), parent(s) or legal guardian(s) of _________________________________, in consideration of The American Legion, Department of Maryland American Legion Boys State Program, I, we, or theirs, executors, administrators and assigns, hereby release and discharge(s) the said American Legion, Department of Maryland, Inc., its agents, servants and employees, or co-sponsors from any and all claims, whatever kind or nature for or because of any matter or thing done, omitted or suffered to be done by the said American Legion, Department of Maryland, Inc., its agents, servants and employees, or co-sponsors, particularly for or on account of any injuries both to person or property, of any son or ward during the period he is a member of The Maryland American Legion Boys State and participating in the program. Furthermore, I (we) hereby grant permission and consent for my, (our) son or ward to be treated at any medical facility or uniformed services hospital to which he is taken by Maryland American Legion Boys State Officials due to illness or injury.

PARENT/LEGAL GUARDIAN: ___________________________________ DATE: _______________

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STATE OF MARYLAND, COUNTY OF ___________________________, subscribed and sworn before me,

this ______________ day of ________________, 20______

NOTARY PUBLIC: ____

MY COMMISSION EXPIRES: ____