



AMERICAN LEGION AUXILIARY

Montana Girls State

June 13 - 19, 2021

PLEASE PRINT CLEARLY

APPLICANT'S NAME: _____

First

Last

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ____ / ____ / ____
Day / Month / Year

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

HIGH SCHOOL: _____

ARE YOU A U.S. CITIZEN: Yes / No If not, are you in this country legally: Yes / No

Delegate Signature: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Principal's Name: _____

Principal's Signature: _____

American Legion Auxiliary Unit # _____ Unit President/Chairman _____

Unit's Authorized Signature: _____

Delegate Fee Paid by: _____

Medical Issues/Allergies: _____

Do you have special food/dietary requirements? _____

****** SEND ENDORSED APPLICATION forms to Registrar ******
Colleen Chlapowski, 845 Delphinium Dr, Billings MT 59102



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ACKNOWLEDGMENT AND ASSUMPTION OF COVID-19 RISKS

Program participation during the COVID-19 pandemic presents unique health and safety risks and dangers, known and unknown, inherent and otherwise, that cannot be eliminated and which can cause injury, illness, paralysis or death to Participant, Participant’s family members and other third parties. Some, but by no means all, of the risks presented include: (i) COVID-19 is contagious; (ii) individuals frequently do not develop COVID-19 symptoms until after they are contagious; (iii) exposed individuals may develop more serious symptoms due to other known and unknown medical conditions; (iv) exposure to others involved in the Program who fail to take proper actions to prevent or minimize exposure and/or failure to have and/or use proper protective equipment; and (vi) the acts, omissions and negligence of the Released Parties. Each undersigned accepts and acknowledges Participant is voluntarily participating in the Program even with knowledge and appreciation of these risks.

WAIVER OF CLAIM

We (I), the undersigned, in consideration of the benefits to be derived by our (my) daughter, in the event that she is a member of the American Legion Auxiliary’s Montana Girls State, do hereby release and discharge The American Legion Auxiliary, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions or causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said daughter while travelling to, attendance at or participation in The American Legion Auxiliary’s Montana Girls State Program from the time of her departure from home until her return thereto.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

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To: Delegate, Parent(s)/Guardian(s)

As a delegate, I pledge that:

- I will be available to attend the full session of American Legion Auxiliary Girls State unless approved by the Director.
- I will not ask to leave American Legion Auxiliary Girls State before the end of the session, unless illness or death in my immediate family requires it.
- My religion will permit me to Pledge Allegiance to the Flag of the United States of America.
- I will obey all rules of American Legion Auxiliary Girls State.
- I understand that any illicit use of drugs or alcohol while at American Legion Auxiliary Girls State will result in my dismissal and my parents/guardian will be called immediately to come and pick me up.
- I will take a serious and conscientious interest in discharging my duties as a citizen of American Legion Auxiliary Girls State.
- If elected to office, I will serve that office to the best of my ability.
- I will be fair and honest in all my dealings with my fellow citizens of American Legion Auxiliary Girls State and I will respect the judgment of the ALA Girls State counselors and staff members.
- I will not ask for special favors in which all the girls cannot participate (Medical or diet needs excluded)
- Upon returning home, I will make a formal report to my sponsoring American Legion Auxiliary Unit or other group if asked.

Delegate signature _____

I/We understand that if our daughter is unable to attend the full session and to fully discharge her duties as an ALA Girls State Delegate for any reason except a documented medical matter that I/we will be responsible for reimbursing the sponsor or American Legion Auxiliary Unit for her registration fee of \$325.

Delegate Name: (Print Clearly) _____ **Date:** _____

Delegate Signature: _____

Parent / Guardian Signature: _____ **Date:** _____

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Media Consent Form

I, _____, hereby give permission to the American Legion Auxiliary to use my name, state and picture(s), individual and/or in groups, for news releases on radio, newspapers, television and/or the ALA Girls State section of the American Legion Auxiliary National Headquarters web site during the week of ALA Girls State and following ALA Girls State.

Signature of ALA Girls State participant

Date

Signature of Parent or Legal Guardian

Date

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****** SEND THIS FORM AND PROOF OF INSURANCE IN WITH APPLICATION ******

Consent to Medical Treatment and Hospital Services

This will certify that I (we), the undersigned parent(s) or guardian(s) of _____ do, in the event that my(our) daughter becomes a participating member of the American Legion Auxiliary Girls State, to be held in Helena, Montana, hereby consent and grant permission, should the necessity of emergency 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 on-site minor treatment, including the use of emergency First Aid medications by the ALA Girls State staff or nurse.

American Legion Auxiliary Girls State Delegate Information:

Name: _____

Date of birth: ____/____/____
Day / Month / Year

Please Attach a Copy of Front and Back of Insurance Card

Parent/Guardian's phone, home: (____) _____

work: (____) _____ cell: (____) _____

Signature of Parent/Guardian: _____ Date _____

Parent/Guardian's phone, home: (____) _____

work: (____) _____ cell: (____) _____

Signature of Parent/Guardian: _____ Date _____

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to Registrar Colleen Chlapowski, 845 Delphinium Dr, Billings MT 59102**