



Michigan Boys State

Delegate Application



“A National Civics Leadership Program”

June 16-22, 2019

At Grand Valley State University- Allendale, MI

“A Week That Shapes A Lifetime”

APPLICATION AND REGISTRATION FEE OF \$375 DUE BY MAY 27TH, 2019

Applications received after May 27th will result in the delegate/parent(s) receiving city assignment and welcome letter by email.

REQUIREMENTS: Must be a junior (11th grade) in high school or in the equivalent of an 11th grade accredited homeschool program, must be 15+ years old by June 4, 2019, and have an interest in government.

SPONSOR(S): Anyone can sponsor a boy(s) to attend the program such as an American Legion Post, Sons of the Legion Squadron, American Legion Auxiliary Unit, civic organization, business, club, school, family, or interested individuals.

REFUND POLICY: Any boy who, for unforeseen reasons, cannot fulfill his obligations to attend the program before the application deadline date of May 27th, 2019, will need his sponsor to submit a written request to The American Legion Department of Michigan Attn: Programs 212 N. Verlinden Ave. Ste A Lansing, MI 48915 to receive a full refund. Refunds in writing received from May 27 – June 15, 2019, will result in a deduction of \$45 (administration fee) per boy. Once the Boys State Program starts, there will be NO REFUNDS for boys who don't attend the program. For any questions please contact the Programs Secretary at 517-371-4720 ext 23 or legion@michiganlegion.org

APPLICANTS: Please PRINT all information legibly to insure information is sent to your home and badges/certificates are printed correctly. All four pages must be completed in order for the application to be accepted.

Delegate's Information:

Full Name: _____ DOB: ____/____/____

Street Address: _____ City _____ State: MI Zip Code: _____

Delegate's Home Phone #: _____ Delegate's Cell #: _____

Delegate's Email: _____

T-Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

I would like to donate blood through the Red Cross while attending Boys State. * See Note pg. 3

I would like to play in the Boys State Band, I play the _____

Name of hometown newspaper: _____

How did you hear about the Boys State Program? _____

Are you the direct descendant of a veteran: Yes No Name and relationship: _____

Is there any family member currently serving in the military? If so, who? _____

Name and relationship to applicant: _____

Parent Information:

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: _____ Cell Phone #: _____

Email: _____

In case of an emergency: Use Home # Use Cell #

School Information:

High School Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Contact(Principle, Counselor, or Teacher) _____

Contact's Email Address: _____

Sponsoring Organization: (If More Than One Sponsor, List Them by Primary Sponsor First): \$375
check should be made out to Michigan American Legion Foundation with Boys State written in the memo line.

Name: _____ Amount: _____

1. _____

2. _____

3. _____

Primary Sponsor Address _____

City: _____ State: _____ Zip: _____

Sponsor's Email Address: _____

If it's a Legion Post/Squadron/Unit, what # _____ District _____

Contact Name: _____ Telephone #: _____

Recruiter's Name (if different from Sponsor): _____

Address: _____

City: _____ State: _____ Zip: _____

MEDICAL INFORMATION:

Child's Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Physicians' Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

INFORMATION NEEDED ABOUT CHILD: YES NO IF YES-INDICATE OR LIST BELOW

Is there any chronic problem or illness?	_____	_____	_____
Has the person been treated recently for some medical problem?	_____	_____	_____
Are there any allergies to medications or local anesthesia?	_____	_____	_____
Any special dietary needs?	_____	_____	_____

List any medications currently being taken for treatment:

1) _____	2) _____
3) _____	4) _____
5) _____	6) _____

HEALTH INSURANCE INFORMATION:

Name and address of Insurance Provider: _____

Policy Number: _____

Policyholder's Name and relationship to Patient: _____

Policyholder's complete address: _____

Name and address of Employer: _____

If you have HMO or PHP insurance-list the emergency treatment authorization phone number: _____

**Note: Blood donors must be at least 17 years old (16 with parental consent – available at www.redcrossblood.org/students/sixteen) on June 16, 2019, weigh a minimum 110 pounds, be in good health, and present a donor card or positive photo ID (i.e. passport, driver's license) upon donation*

AMERICAN LEGION DEPARTMENT OF MICHIGAN

BOYS STATE PROGRAM

July 16-22, 2019

Parental Confirmation Form: *This form must be completely filled out and signed by a parent or legal guardian in order for the application to be accepted. Check the appropriate box and initial for each part.*

Part 1: Medical Treatment Authorization

I, _____, as parent/legal guardian of _____ do hereby authorize Jerry Kelley, Program Director to seek any medical and/or surgical treatment required for treatment necessary for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. Also, I authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Yes, I give my consent No, I do not give my consent

Parent Initials: _____

Part 2: Field Trip Permission

I understand that my son (only if selected to an elected position) will be attending a field trip to the Capitol Building and other Government Offices located in downtown Lansing, MI on June 21, 2019 from 7: 00 a.m. to 3:00 p.m. The Allendale Public School System will be providing transportation from Grand Valley State University in Allendale, Michigan to downtown Lansing, Michigan. I hereby grant permission for my son to be transported to the Capitol Building and other Government Offices in Lansing, Michigan on June 21, 2019.

Yes, I give my consent No, I do not give my consent

Parent Initials: _____

Part 3: Photo and Video Consent:

I understand that, as part of the Michigan American Legion Boys State program, persons associated with the program and the news media may photograph, videotape, or record my son engaged in program activities. I hereby give permission for Michigan American Legion Boys State program to published my son's likeness in the Boys State Yearbook, other Boys State materials, Social Media sites and on the Boys State Website.

Yes, I give my consent No, I do not give my consent

Parent Initials: _____

Parent/Guardian Signature: _____ Date: _____

BOYS STATE DELEGATE LETTER OF UNDERSTANDING: Signed by both the Boys State Applicant and Parent/Guardian.

By accepting the nomination to attend Boys State, I agree to adhere to the following conditions:

To participate in an active, constructive, and positive way. To cooperate with the Boys State staff at all times. To attend the entire seven-day session unless excused by written permission from parent that should be attached to this form. To stay within the boundaries announced by the Boys State staff. To respect university property and the property of others. To be courteous and respectful to guests and speakers. To refrain from the use of alcohol and controlled substances. To leave squirt guns, water balloons, skateboards and fireworks at home. To obey the rules of the program and not hinder its smooth operation. To have a good time and learn!

Boys State Delegate Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Return Completed Application (4 pgs. total) to:
The American Legion Dept. of Michigan
Attn: Boys State
212 N. Verlinden Ave. Lansing, MI 48915**