# 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/GS Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit’s Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Fee Paid by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Issues/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have special food/dietary requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\* SEND ENDORSED APPLICATION forms to Director \*\*\*\***

**Jen Dalrymple, 113 Ravenwood Ridge Rd, Townsend, MT 59644-9695**

**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 and variants are 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**

I (We), the undersigned, in consideration of the benefits to be derived by my (our) 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 I (we), 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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**Jen Dalrymple, 113 Ravenwood Ridge Rd, Townsend, MT 59644-9695**

## 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 Montana Girls State unless previously approved by the Director.
* I will not ask to leave American Legion Auxiliary Montana 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 Montana Girls State.
* I understand that any illicit use of drugs or alcohol while at American Legion Auxiliary Montana 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 Montana 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 Montana Girls State and I will respect the judgment of the ALA Montana 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 Name:** (Print Clearly) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Delegate signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

## Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**\*\*\*\* SEND ENDORSED APPLICATION forms to Director \*\*\*\***

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## Media Consent Form

I (We), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to the

American Legion Auxiliary to use my (daughter’s) 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Legal Guardian Date

**\*\*\*\* SEND ENDORSED APPLICATION forms to Director \*\*\*\***

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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 Montana 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 MT Girls State nurse.

**Delegate 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Jen Dalrymple, 113 Ravenwood Ridge Rd, Townsend, MT 59644-9695**