



APPLICATION FOR THE AMERICAN LEGION
DIRIGO BOYS STATE - JUNE 20-24, 2010

Student's Name: _____ Telephone: _____
Please print

Address: _____
Mailing Address

Town State Zip code E-mail address

Parent/Guardian Name: _____

Address: _____

Sponsor: _____

Sponsor's Address: _____

Is student qualified to play in Band? _____ yes _____ no Student's GPA _____

Please describe why this student has been nominated and speak to the characteristics or qualifications he may bring to the program: _____

As principal of _____ High School or Academy, I recommend the above named student of the 2010 junior class as eligible for citizenship in the 2010 Annual American Legion Dirigo Boys State.

Principal or school superintendent

Telephone number of school

This application accompanied by \$230 enrollment fee check payable to The American Legion Dirigo Boys State should be mailed to: The American Legion, Dirigo Boys State, P.O. Box 900, Waterville, Maine 04903-0900, prior to May 14, 2010. Tel: (207) 873-3229

THIS FORM MAY BE REPRODUCED



THE AMERICAN LEGION, DEPARTMENT OF MAINE
P.O. Box 900, Waterville, Maine 04903-0900
Phone: (207) 873-3229 FAX: (207) 872-0501 E-mail: lloyd@mainelegion.org

Dear Parent:

First, we would like to congratulate your son on being chosen as a delegate to the 2010 American Legion Dirigo Boys State program.

Very shortly, your son will be receiving a packet, which contains information on what the program consists of and what should be taken with him.

The attached form **must** be signed by you and returned to your son's school immediately. This is an absolute requirement in order for your son to participate in the program.

Sincerely,

Lloyd H. Woods
Department Adjutant

PARENT CONSENT FORM
2010 American Legion Dirigo Boys State Program

I hereby give consent for _____ to participate in the 2010 American Legion Dirigo Boys State program to be held June 20-24, 2010, at **Thomas College, 180 West River Rd. in Waterville.**

By signing this form, I understand that:

1. My son must arrive at Thomas College on Sunday, June 20, 2010, for 2 p.m. registration. Due to the intensity of the program, late arrivals, early departures and any request for a delegate to be released temporarily and returning on the same day will be handled on a case by case basis with the Boys State Director and will be supported by the parent (s) of the delegate. Therefore, all delegates should be prepared to arrive on time and stay for the duration of the program.
2. My son is requested **not** to bring an automobile to the program, however, if it is necessary to do so, he will not be allowed to use it until departure time on Thursday, June 24, 2010.
3. Graduation is at 3:30 p.m. on Thursday, June 24, 2010. Departure follows graduation.

Parent or Guardian's name: _____

Parent or Guardian's signature: _____

Phone No. _____ Dated: _____



**The American Legion
Dirigo Boys State
Medical Authorization**

I hereby authorize The American Legion Dirigo Boys State to consent to medical treatment for my child:

_____ **Son's name**

should an emergency arise and should I not be readily available to give such consent. I will not hold The American Legion Dirigo Boys State responsible for the consequences of exercising this power, so long as such persons act in good faith with the best interest of my child in mind. I expect to be informed of my child's condition and of treatment provided as soon as possible.

I further consent to any treatment by any hospital or physician, which in their judgment is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of The American Legion Boys State and upon being shown this medical authorization. By consenting to treatment for my child, I also release any member of the Dirigo Boys State staff from liability for transporting my child to a medical facility. This authorization expires on June 24, 2010.

PLEASE NOTE: Are there any medical or physical conditions we should know about? If so, please indicate on the reverse side of this medical form, i.e. diabetic, any handicaps please call for special arrangements in advance.

If you have a family doctor who should be contacted, please indicate:

Doctor _____ Phone _____

INSURANCE INFORMATION: (to be completed only if parent(s) carry a GROUP medical insurance plan.)

Name of parent(s) group medical insurance carrier: _____

Policy or certificate number: _____

Parent to whom policy was issued: _____

ALLERGIES: _____

BOYS DATE OF BIRTH: _____

Parent or Guardian * (mother) signature

(father) signature

Address _____

Phone _____

Emergency Number _____

Witness _____

* At least one parent/guardian must sign