



American Legion Auxiliary  
Department of California  
California Girls State



**2<sup>nd</sup> Alternate Application**

District# _____	Unit # _____	Unit Name _____
Chairman _____		
Address _____		
E-mail _____		Phone _____

**2<sup>nd</sup> Alternate** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ CA, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Parent(s)/Legal Guardian of 2<sup>nd</sup> Alternate** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name if parent/guardian cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Should I be moved up to the delegate position, I, the undersigned, in consideration of the acceptance of this application and the training benefits to be derived by me as a citizen of the Annual Girls State, do hereby agree to be in attendance the **entire session** (extreme emergency excepted) to conduct myself according to all rules and regulations established for the governing of the California Girls State, which is sponsored and conducted by the **American Legion Auxiliary**, Department of California.

**I do not have any applications pending nor will schedule any program that will affect my attendance at Girls State.**

I am a direct descendant (child/grandchild/great-grandchild/adopted) of a veteran. YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of 2<sup>nd</sup> Alternate \_\_\_\_\_ Date \_\_\_\_\_

Name of High School \_\_\_\_\_

Signature of School Representative \_\_\_\_\_

School Representative Email \_\_\_\_\_

It is the responsibility of the Unit Chairman to carefully check the 8-page application form to ensure that all questions are completely answered and the required signatures have been obtained BEFORE forwarding papers to the Department Chairman and fees to the Department Office.

Signature of Unit Chairman \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only							
Date Received:							
Samsung		H&S		Med Treat		Bio	
PPA		Med Cert		Insur		MR	

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

American Legion Auxiliary  
Department of California  
California Girls State

**PARTICIPANT AND PARENTAL ACCEPTANCE**

No application will be accepted without this form completed and signed by the Girls State participant and her parent or guardian(s).

We understand and accept the following eligibility requirements:

- a. Limited to girls who are 11<sup>th</sup> grade students for the current school year (public, private, or home school). Each participant must plan to continue high school and attend one or more semesters immediately following the Girls State session.
- b. Previous Girls State Citizens shall not be eligible as a participant. The Department Chairman may accept or reject any applicant.
- c. Participants shall be selected on the basis of outstanding leadership, scholastic merit, interest in community and government, character, honesty, and cooperativeness.
- d. Girls State is a drug/alcohol free environment.
- e. Participants shall not be excluded because of religious medical beliefs.
- f. Must be of excellent character and citizenship, and should be in the upper third of her class scholastically.
- g. Should possess qualities of courage and honesty, and be cooperative with others. Upon her return from Girls State, participant must be willing to relate the interest and sense of responsibility of government she has gained from participating at Girls State to her school, community, and sponsors.
- h. Candidates and delegates who are married, pregnant or have children shall not be considered because family needs would naturally be a priority over attending the conference.
- i. Participants must be independent in the physical requirement of daily living; if not, we understand that we must provide an ATTENDANT AT OUR OWN EXPENSE. This attendant must be a minimum of twenty one (21) years of age, female, and able to attend the entire session.
- j. Final acceptance of delegate and alternate(s) is dependent on all paperwork being complete and eligibility requirements satisfied. The Unit makes the final choice after recommendations and interviews.
- k. Once at the Girls State session, if it is determined that these eligibility requirements have not been met, the participant will be sent home and the fees (\$350) will be repaid to the sponsoring Unit by the parent/guardian or delegate.
- l. If the delegate fails to attend, and a qualified alternate from her school is not able to attend, then the Enrollment fee (\$350) will be repaid to the sponsoring unit by the parent/guardian or delegate.
- m. The \$50 Registration Fee, paid by delegate/her parents/ guardian, is non-refundable.

**SIGNATURES**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

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**HEALTH & SAFETY DISCLOSURE**

For the safety of the participant and for the safety of the other Girls State Citizens, the following guidelines must be read and agreed to by the applicant and her parent/guardian(s).

1. All Girls State Delegates must check-in with the nurse immediately following locating dorm room and dropping off luggage.
2. No sharing of medications (prescription and/or over-the-counter). If a citizen is not feeling well, she must go the nurse taking two other citizens with her.
3. If there is an accident, send two runners to the nurse. Stay with the injured person. Attempt to keep her calm and in place. Advise a counselor, as soon as possible.
4. Stay within the boundaries of the portion of the campus being used for the Girls State program.
5. Always travel in pairs. The only exception is when taking a citizen to the nurse, in which case, three citizens travel together so that two citizens can return to activities.
6. Always advise your counselor/city mom when you must be away from your city.
7. You may not stay in your room when your city is not on the floor. If you are not feeling well, advise your counselor/city mom and go to the nurse's station.
8. If anyone makes you feel uncomfortable, go to your city counselor or the chief counselor.
9. Cell phone calls/text messages may only be placed during scheduled recreation time. If you have an emergency, you must explain the situation to your counselor. She will give permission for you to take or make a call or text message.
10. Curtains in dorm rooms must be completely closed when in the room during night hours. Doors must be locked at all times when you are away from the dorm room or it is after City Friendship Time. Do not open the door without first asking, "Who is it?" and recognizing the person.
11. The campus conducts other conferences and classes during the time Girls State is active. Citizens should not engage in conversation with those not involved in the Girls State program. Always be cautious! If approached by others, report the advances to your city counselor.
12. At all times when outside your dorm room, wear around your neck the lanyard with your nametag and room key. Lost keys will cost \$150.
13. Read the schedule in your handbook and be on time for meetings, ceremonies, meals, etc. Head counts will be made by your counselor/ city mom throughout the day. Only the nurse or a counselor may excuse you from a meeting or activity.

We have read the Health & Safety Disclosure. We understand that these rules are in place to protect the citizens. Furthermore, the participant accepts responsibility to adhere to the rules and the parent/guardian supports the California Girls State staff in administering the rules. If the participant fails to function within the rules, she will be sent home at her own expense, the sponsoring Unit will be notified, and her participation at Girls State will not be acknowledged.

**SIGNATURES**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

### 2014 California Girls State Medical Certification

NOTE: Any participant who arrives without the completed Medical Certification and Consent forms will not be allowed to participate in the program until the completed forms have been submitted. **Girls State by nature is strenuous, both physically and emotionally;** therefore, the ability to cope adequately with these conditions should be seriously considered when completing this statement. In the event of an emergency, the Girls State staff nurse will attempt to contact the parent/guardian directly regarding treatment.

Mother's Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Father's Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name if parent/guardian cannot be reached \_\_\_\_\_  
Phone #(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Past Illness (yes or no): \_\_\_\_\_ Measles \_\_\_\_\_ Small Pox \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Mumps  
\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Diphtheria \_\_\_\_\_ Typhoid Fever \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Mononucleosis  
\_\_\_\_\_ Hepatitis If yes, what type \_\_\_\_\_  
\_\_\_\_\_ Ear, Nose, Throat problems. If yes, describe \_\_\_\_\_

Present State of Health (yes or no): \_\_\_\_\_ Diabetes \_\_\_\_\_ Ulcer \_\_\_\_\_ ENT Problems  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Condition \_\_\_\_\_ Asthma \_\_\_\_\_ Vision Impairment \_\_\_\_\_ Drug Problems  
\_\_\_\_\_ Emotional Problems Other physical conditions? \_\_\_\_\_  
Allergies (including drug, food and any others) \_\_\_\_\_  
Physical limitations (glasses, contacts, prosthesis, etc.) \_\_\_\_\_  
Date of last tetanus vaccination/Tdap (pertussis) \_\_\_\_\_

**Current Prescription/Over-the-Counter Medications:** dosage, frequency & storage (purse, drawer, refrigerator, etc.)

**ALL Prescription/Over-the-Counter MEDICATIONS MUST BE CHECKED BY NURSE IMMEDIATELY UPON ARRIVAL**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Certification:

I certify that I have examined this person and she is in good physical and mental condition. There are no health restrictions that would inhibit her participation in the program, and the above information is accurate and true.

Signature of Examining Physician\* \_\_\_\_\_ Date of Examination \_\_\_\_\_

\* A school physical exam taken within the last year may be submitted in place of the physician signature. Place exam behind this page. Immunization records may be attached, but do not take the place of a physical exam.

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

### Consent to Medical Treatment and Hospital Services

This will certify that I/we, the undersigned parent(s) or guardian of \_\_\_\_\_ do, in the event that my/our daughter becomes a participating member of the American Legion Auxiliary CA Girls State, to be held in Claremont, CA on the Claremont McKenna College campus between the dates of Monday, June 23, 2014 to Saturday, June 28, 2014 (inclusive), hereby consent and grant permission, should the necessity of 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 minor treatment, including the use of emergency First Aid medications by the CA Girls State staff or nurse.

#### Girls State Participant Information:

Name \_\_\_\_\_

Mother's Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### Alternate Contact IN CASE OF EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### Alternate Contact IN CASE OF EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I/We agree that in no event will the American Legion Auxiliary, Department of California or its officers, leaders, or agents become liable for the first aid rendered, treatment, drugs, medicines or surgical procedures performed pursuant to the consent; that the undersigned hereby holds such parties harmless from any liability which may occur as a result of this consent.

The undersigned will fully inform said Auxiliary of the physical condition of our daughter/ward, and any other matter concerning her, which may create a special problem or require special treatment.

\_\_\_\_\_  
Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

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Medical Insurance

Top or bottom section must be completed by all applicants.

INSURANCE INFORMATION

Medical Insurance Provider Name:

\_\_\_\_\_

Provider Mailing Address:

\_\_\_\_\_

Policy Information Number:

\_\_\_\_\_

Person to Whom Policy was Issued:

\_\_\_\_\_

PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM

**WAIVER OF MEDICAL INSURANCE—To be completed if no insurance is available to Girls State Applicant.**

My/Our daughter, \_\_\_\_\_, is not covered by medical/health insurance. I/We agree to pay for any and all medical treatment deemed necessary by any qualified medical professional (paramedic or doctor) in the event my/our daughter requires medical treatment.

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

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Release for Minors

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that any photographs, films, audio, and visual tapes for which she posed may be used by California Girls State/American Legion Auxiliary, its assigns, subsidiaries, successors, and/or affiliated entities, in the manner they may desire, including newspaper, audio/visual productions, television, radio and digital recordings and postings on the organizations website.

Furthermore, I hereby consent that such interviews, photographs, films, audio and visual tapes, digital imaging and the plates from which they are made become their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, audio, visual tapes, digital imaging and plates, as they may desire, and for any legal purpose, free and clear of any claims for remuneration or otherwise, on my part.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

THIS FORM MUST BE COMPLETED

Participant Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

## 2<sup>nd</sup> Alternate Bio

Date of Birth \_\_\_\_\_ Siblings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Parent(s) a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Member of The American Legion or American Legion Auxiliary? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any family member attended Girls or Boys State? Yes \_\_\_\_\_ No \_\_\_\_\_ Year/State \_\_\_\_\_

Parent(s) Occupation(s) \_\_\_\_\_

Name of High School \_\_\_\_\_

High School Activities: Positions held, scholastic and other achievements

- ☐ CSF ☐ FFA ☐ Blue Star Family ☐ Parli Pro ☐ Mock Trail  
☐ 4-H ☐ Yearbook ☐ ROTC ☐ Debate  
☐ Class Officer—List: \_\_\_\_\_

☐ Sports—List: \_\_\_\_\_

☐ Clubs—List: \_\_\_\_\_

☐ Honors Classes—List: \_\_\_\_\_

☐ Community Service—List: \_\_\_\_\_

Dietary Restrictions (optional)

- ☐ Vegan  
☐ Vegetarian  
☐ Kosher  
☐ Fruitarian  
☐ Food Allergies

There will be an orchestra and choir formed at Girls State. Bring your own instrument and music, if you wish. If you want to audition for the talent show bring costumes, music, etc.

TALENTS: check all that apply

- ☐ Instrument: \_\_\_\_\_ Solo \_\_\_\_\_ Group \_\_\_\_\_  
☐ Singer: \_\_\_\_\_ Solo \_\_\_\_\_ Group \_\_\_\_\_  
☐ Dance: check all that apply ☐ Modern \_\_\_\_\_ ☐ Classical \_\_\_\_\_ ☐ Cultural \_\_\_\_\_  
☐ Art ☐ Stage Production  
☐ Public Speaking ☐ Journalism

What are your immediate and long-range goals?

Tape a  
1 ½" x 2" picture  
of yourself here

DO NOT ATTACH ANY OTHER DOCUMENTS

(No resumes, transcripts, newspaper clippings, letters of recommendation, etc.)

For Office Use Only:	
City	
County	