

**THE AMERICAN LEGION  
COLORADO BOYS STATE  
CITIZENSHIP APPLICATION**

**INSTRUCTIONS – READ CAREFULLY**

1. Read entire form. **Complete all 4 pages.** (Please print or type)
2. No application will be accepted without proper certification by candidate, parent and sponsoring American Legion post member and document expressing why the student wants to participate in the Boys State Program.
3. **Give completed application along with the completed and signed medical form and written letter to The American Legion Post Chairman who contacted you.** Additional BOYS STATE information will be sent directly to the delegate from the BOYS STATE Committee in **May**.

**IMPORTANT**

If accepted by Colorado American Legion BOYS STATE, I will:

1. Express in writing my reasons for wishing to participate in The American Legion BOYS STATE program. (**Application will be returned without this documentation.**)
2. Remember at all time I am representing my high school, my home, the sponsoring American Legion Post, and the young people of Colorado.
3. Be honest in all things.
4. Respect the property of my fellow Colorado BOYS STATERS and the University where BOYS STATE is held.
5. Abide by all Rules and Regulations, established by those in authority.

CANDIDATE'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO AMERICAN LEGION POST CHAIRMAN:**

**A \$200.00 fee (tuition paid by American Legion Post), letter on why student wants to attend, and completed medical form must accompany this application.**

**The absolute deadline for submission is May 1**

Please be sure that this application is signed by the delegate, the medical form and waiver is signed by the parent or guardian and that you, or the Post Commander sign the certification portion of the application. Be sure that the application includes documentation stating the delegate's reasons for wanting to attend BOYS STATE and that it is signed and made a part of this application. Any applications not signed by all parties will be returned and any application without the delegate letter will be returned. Please be sure to keep a copy of the application for your records.

**The American Legion**  
**COLORADO BOYS STATE CANDIDATE CERTIFICATION WAIVER**

In consideration of the instruction and training to be given our (my) son at Colorado BOYS STATE we (I) do hereby release and discharge The American Legion Department of Colorado, 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 reason of any illness, injury or accident incurred or suffered by said son while in attendance at said BOYS STATE no matter how caused or occasioned.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**American Legion Post Certification**

This is to certify that our Post approves the application shown here and the applicant has agreed to meet all requirements for participation.

POST NUMBER \_\_\_\_\_

**Commander's or Chairman's signature**

Date \_\_\_\_\_

**THIS WAIVER MUST CONTAIN A POST OFFICER OR BOYS STATE CHAIRMAN SIGNATURE AND PARENT'S SIGNATURE**  
**(Applications will be returned if signatures are not present)**

**BOYS STATE DELEGATE INFORMATION**

Delegates Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Email address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Fathers work / cell (\_\_\_\_) \_\_\_\_\_

Mothers work /cell (\_\_\_\_) \_\_\_\_\_ Students cell (\_\_\_\_) \_\_\_\_\_

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

Do you play a musical instrument? Y/N Type: \_\_\_\_\_

Name of hometown newspaper  
\_\_\_\_\_



**COLORADO AMERICAN LEGION BOYS STATE**  
**Over 65 Years and still counting**  
**(Medical Information)**

THIS MEDICAL FORM **MUST** BE SIGNED IN **TWO** PLACES BY PARENTS AND/OR GUARDIANS -- See next page for important insurance statement. (This medical form should accompany the completed application.)

NAME: (Print) \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

2nd Emergency # (\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY – Must be completed by parent or guardian.**

Is his health:      Fair                      Good                      Excellent

**IS HE SUBJECT TO:**      (Please answer (y) for yes or (n) for no)

Colds\_\_\_ Diabetic\_\_\_ Sinus trouble\_\_\_ Ear trouble \_\_\_ Poison Ivy\_\_\_

Convulsions \_\_\_\_\_ Fainting spells \_\_\_\_\_ Cramps \_\_\_\_\_

**HAS HE HAD:**

Scarlet Fever \_\_\_ Hernia (rupture) \_\_\_\_\_ Asthma\_\_\_ Hay Fever \_\_\_ Polio \_\_\_

Heart Disease \_\_\_ Appendicitis \_\_\_ Kidney Disease \_\_\_\_\_ Rheumatic Fever \_\_\_

Is he nervous or upset easily? \_\_\_\_\_

Has he been immunized against Tetanus, when? \_\_\_\_\_

Has he been exposed to any contagious disease in the last 3 weeks? \_\_\_\_\_

Is there anything we should know further that would help in protecting your son?

\_\_\_\_\_  
\_\_\_\_\_

Is a special diet required? \_\_\_ What? \_\_\_\_\_

Medication required to be taken daily? \_\_\_\_\_

**ALLERGIES:** Food \_\_\_\_\_

Medicine \_\_\_\_\_

**Health Insurance:** (Y) \_\_\_ (N) \_\_\_ Name of Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group # \_\_\_\_\_

**COLORADO AMERICAN LEGION BOYS STATE  
(Medical Consent)**

I, the parent or guardian of the above named applicant, do hereby certify that these statements are true and correct to the best of my knowledge.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT'S STATEMENT AND CONSENT...**

The law requires that parental permission be obtained for operative and therapeutic procedures on minors taken to hospitals. This consent form MUST be signed so that emergency procedures can be carried out promptly, so that no unnecessary delays will occur with less urgent operative procedures. However, no major operations will be performed, except in extreme emergency, unless parents are contacted and fully informed.

I hereby give permission for such medical procedure as may be deemed necessary for my son.

DATE \_\_\_\_\_ Name of BOYS STATE Delegate \_\_\_\_\_

**PARENTS SIGNATURE** \_\_\_\_\_

Dear Parents:

Every precaution is taken to avoid accidents and sickness at BOYS STATE. Participants who do not already have group accident-sickness medical insurance coverage are insured under a group policy underwritten by Sentry Insurance. The Sentry policy is EXCESS coverage to any other valid and collectible group insurance plan. (This exclusion does not apply to individual accident and sickness policies.) Should an unforeseen need arise for this insurance program, more detailed information will be sent directly to you at that time by The American Legion Colorado BOYS STATE.

Sincerely,



Thomas L. Bock  
Director  
American Legion Colorado Boys State  
800-477-1655