

Record #

City #

Date Received

**THE AMERICAN LEGION ALABAMA
BOYS STATE REGISTRATION
May 28 – June 3, 2017**

Please fill out completely and send \$225.00 payment with this application. ***Please do not send one without the other. Applications without payment will not be processed.*** Make checks payable to: The American Legion, Dept. of Alabama. Applications must be mailed before the ***May 5th deadline.*** Mail to: The American Legion, Department of Alabama, P.O. Box 1069, Montgomery AL. 36101. Please fill out completely and clearly.

First Name: _____ MI: _____ Last Name _____

Preferred Name: _____ Shirt Size: _____ Home Phone # () _____

Student's Cell: _____ Student's Email _____

Mom's Name: _____ Cell Phone# () _____

Dad's Name: _____ Cell Phone # () _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

List of your School Honors:

This information must be filled out and signed by school Principal. If not application WILL BE returned

School: _____

Mailing Address: _____

City: _____ Zip: _____ County _____

Approved By: Principal: _____

******I certify that the above student has completed his junior year in school******

Information below must be filled out by the Sponsoring Agency. This is who paid the application fee.

Sponsored By: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

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IMPORTANT PARENTAL STATEMENT

INSURANCE CLAIMS CANNOT BE PROCESSED UNLESS THE FOLLOWING SECTION HAS BEEN COMPLETED.

The American Legion Boys State has an insurance program that provides benefits for medical expenses not covered by other family insurance. In order for us to determine benefits, we will file a claim with your family insurance company. The Legion insurance policy will pay eligible expenses not paid by your coverage. Please answer all questions. Failure to provide complete information will delay payment of allowable benefits.

Insurance Company: _____

Group # _____ Policy Number: _____

Policy Holder: _____

Please furnish any medical conditions, allergies or any other important information about your son:

Emergency Contact Person: _____ **Phone #:** _____

Please list someone other than parents. Parents will be notified first, but just in case we would like an emergency contact.

I hereby authorize any insurance company, hospital, physician or any other person who has attended to or examined the claimant to disclose when requested to do so by The American Legion or its representative insurance company, any and all information with respect to any injury, policy coverage's, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

If other group insurance is involved, please attach a copy of their payment or denial notice to this claim. Processing of your claim will begin when we receive this information.

I hereby authorize Boys State staff to provide minor medical treatment in the case of an emergency or illness.

Also, we the parents agree to reimburse the amount of \$225.00 "Boys State Fee" to the sponsoring organization in the event my son decides not to attend Boys State after the **May 5th deadline**. Exceptions will be due to accident, sickness, or death in the family.

Signature of Parent/Guardian _____ Date _____