

Post Use Only
SPONSOR _____
DISTRICT _____

THE AMERICAN LEGION HOOSIER BOYS STATE
DELEGATE APPLICATION
Please Print or Type)

PAYMENT METHOD
AMOUNT _____
CHECK # _____
MONEY ORDER _____

NAME _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (County) (State) (Zip)

PHONE () _____ **AGE** _____ **email** _____

(School Certification)

I certify that the applicant will complete his junior year following this semester, has at least one more semester's credits to graduate, that he is a good school citizen, has a good attitude, and exhibits good conduct and scholarship.

Will you play in the HBS Marching Band? Please bring your instrument with you. (Check One) YES NO
Instrument played _____

Principal or Superintendent

Are you a member of the JROTC? (Check One) YES NO

SPONSOR: (The completed form must be returned to your Post Boys State Chairman by March 1).

Name of High School

POST CHAIRMAN: Please deliver/ mail this form, fees paid, to the district enrollment chairman by March 15.

DISTRICT ENROLLMENT CHAIRMAN: Please deliver this form, fees paid, to Dept. Headquarters by April 1.

Post or District Official

Date

The undersigned parent and/or guardian of _____, does hereby authorize(s) any Health Center or Hospital and their doctors and nurses located in Angola, Indiana, to treat and/or prescribe medications to the above named minor, or emancipated HBS delegate, while enrolled or participating in any activity under the auspices of Hoosier Boys' State or Trine University.

Signature of Parent/Guardian or Delegate if 18 or older

THE AMERICAN LEGION HOOSIER BOYS STATE
WAIVER OF LIABILITY

(MUST BE SIGNED BY PARENT/GUARDIAN OR DELEGATE IF 18 OR OLDER)

In consideration of the benefits derived if application is accepted, the sufficiency of which is hereby acknowledged, I hereby voluntarily waive any and all claims which I may have against Hoosier Boys State and or The American Legion for any and all causes which may arise in connection with or as a consequence of the activities of the above organization(s), including but not limited to sharing relevant personal information, e.g., names, addresses, and phone numbers, with institutions of higher learning and the news media.

(Signature of Parent/Guardian or Delegate if 18 or older)

American Legion Hoosier Boys State Medical Certificate

(A legible Copy of the student's IHSAA Physical will be acceptable if completed within the last 12 months.)

NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Any abnormality or allergies: _____ **Heart:** _____ **Skin:** _____

Lungs: _____ **Throat:** _____ **Eyes:** _____ **Ears:** _____ **Extremities:** _____ **Asthma:** _____

Abdominal: _____ **Diabetes:** _____ **Medication(s):** _____

Can he participate in strenuous athletic programs: _____ **Any special medical conditions staff should be aware of:** _____

_____ **? If so, what:** _____ **Recommendations:** _____

Physician's Signature: _____ **Date:** _____