

American Legion Hawkeye Boys State

Present This Completed Form to Hawkeye Boys State at Check-In!

Must be Signed by Parent/Guardian and attach medical insurance card in space provided below!

Please Print Clearly and COMPLETELY

Delegate's Name _____

Delegate's School/Town _____

By signing below, I acknowledge that my son has registered **online** at <http://goo.gl/5Sf51P> and I have read through the Boys State handbook on the website at www.ialegion.org.

E-Mail Address and Emergency Phone Contact

By signing below, I acknowledge that I have read the Boys State handbook from the website at www.ialegion.org and my son has registered online under the correct sponsoring Legion Post. American Legion Hawkeye Boys State is scheduled at Camp Dodge (near Johnston, Iowa) from June 14-19, 2015. I/we do hereby give consent for him to participate in any field trip which is scheduled as a part of the program. I/We further consent for his picture to appear on the American Legion Hawkeye Boys State website, social media/s, promotional documentaries, as part of his city photograph, and any publicity materials/press release information or other group activities while at American Legion Hawkeye Boys State. I/We hereby authorize him to take part in American Legion Hawkeye Boys State, held on a military installation and agree that he will follow all security instructions and guidelines. I/We hereby give my/our permission to extend any needed medical and hospital treatment to my/our son while attending American Legion Hawkeye Boys State at Camp Dodge, Iowa. I/We hereby state that our son **has undergone a complete medical physical within the last 12 months and a copy is on file at the following medical facility:**

_____,
(Name, Address, and Phone Number of Physician's Office and Attending Physician)

Our son is free of contagious or infectious diseases. I/We hereby release and discharge American Legion Hawkeye Boys State, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we may, can or shall have reason of any illness, injury, or accident incurred or suffered by my/our son while in attendance at said American Legion Hawkeye Boys State, no matter how caused or occasioned. Any physical or emotional condition(s) that American Legion Hawkeye Boys State should be aware of was included in the online registration form.

Medications or Medical Restrictions:

(All medications will be collected and labeled at time of check-in and will be administered by trained medical personnel or attending physician).

Health Insurance Company (Attach copy of medical insurance card!)

Parent/Guardian Signature and Date

Parent's Date of Birth (for insurance purposes)

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