

The American Legion Auxiliary, Department of Washington
Registration Form - Evergreen Girls State

Section 1:

Legal Name: _____ Age _____
Last Name First Name

Name you would like to go by while attending Girls State _____

Mailing Address _____

City _____, WA Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email address _____ School Attending _____

Auxiliary Unit Sponsor _____ Contributor _____

Local Girls State Chairman (name) _____

Telephone # _____ Email _____

Other Girls State Contacts _____
Name Telephone #

Section 2:

Parent and Citizen (answer YES or NO)

Do you have any medical conditions currently being treated for by a medical professional?

Do you have any special needs? _____

Do you have any physical requirements that may need the assistance of others? _____

Are you currently using any prescription drugs? _____

If you answered **YES** to any of these questions, you **MUST** explain. Failure to disclose pertinent information may result in suspended participation in the program.

Medical explanation	
Medication	Used for
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Section 3:

In consideration of the benefits to be derived by _____. As a member of the American Legion Auxiliary Evergreen Girls State, to be held at Central Washington University at Ellensburg, WA. June 22 to June 27. We hereby voluntarily waive any claim against agents, instructors and employees, for any accident or other situation which may arise in connection with travel to or from, attendance at, or participation in this year's Girls State, from the time of the citizens departure from home until their return thereto.

This will certify that we, the undersigned parent, or guardian, do in the event that my (our) child becomes a participating member of the American Legion Auxiliary Evergreen Girls State, to be held in Ellensburg, WA. June 22 to June 27 (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 qualified or attending professional, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

Applicant's Signature _____

Parent's Signature _____

Hospitalization Insurance Co. Name _____

Group Number _____ Policy Number _____

Policy Holder Name _____ Last 4 Numbers of SS # _____

Section 4:**Publicity Notice**

I agree to allow the use of my daughter's photos, quotes and/or likeness in brochures, ads, web pages, videotapes, and other media as deemed useful by the American Legion Auxiliary Evergreen Girls State program for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes, or likenesses.

Parent/Guardian Signature _____

Date _____

Section 5:

Do you currently have a member(s) of your immediate family serving in the Armed Forces? If so, who--give their name(s) and in what branch(es) are they serving in _____

Emergency Contact

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Submit Forms to Cheyenne Morrison or in person at Girls State

Email: cheyenne@evergreengirlsstate.com

Mail: 27049 Ice Harbor Dr, Burbank WA, 99323