

American Legion Hawkeye Boys State ~ Registration

Must Be Returned by April 1, 2008

*Return to: American Legion Hawkeye Boys State, Inc.
720 Lyon St., Des Moines, Iowa 50309-5481*

Please Print Clearly and COMPLETELY

Post # _____ District _____
(Name of American Legion Post)

Delegate's Name _____
(First) (Middle Initial) (Last)

Address _____
(Street/P.O. Box) (City) (Zip Code)

E-Mail Address _____ (Please print CLEARLY)

Phone Number _____ School _____

Delegate's Age _____ Date of Birth _____ Disabilities: YES OR NO
(MONTH/DAY/YEAR) (Describe Below)

By signing below, I acknowledge that I have received a copy of The American Legion Hawkeye Boys State handbook, a medical release form, National Guard Waiver Form, and have received information about the District Orientation that my son must attend.

Parent/Guardian Signature

By signing below, I acknowledge that I have given the delegate/parents a copy of The American Legion Hawkeye Boys State handbook, a medical release form and National Guard Waiver Form that must be returned with THIS FORM by April 1. I have also provided them with District Orientation schedule.

Legion Commander, Adjutant, or Chairman

Brief Description of Disability:

Medications:

This Form must be completed and signed by parent/guardian AND Post Commander or Boys State Chairman and returned to: American Legion of Iowa, 720 Lyon St., Des Moines, Iowa 50309. Forms must be received by April 1, 2008.

***** *For More Information* *****
1-800-365-8387 or go to www.ialegion.org or e-mail: programs@ialegion.org

American Legion Hawkeye Boys State
720 Lyon St. - Des Moines, Iowa 50309 - (515) 282-5068

Hawkeye Boys State Waiver - Return this form by April 1, 2008
Must be Signed by Parent/Guardian!

Delegate's Name

School District or Town

In consideration of the instructions and training to be given to him as a citizen of American Legion Hawkeye Boys State, to be held at Camp Dodge from June 8 to 13, 2008, 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 as part of his city photograph, and any publicity materials/press release information of other group activities while at American Legion Hawkeye Boys State.

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

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

and that he 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.

Does your son have any physical or emotional condition(s) that American Legion Hawkeye Boys State should be aware of:

_____ No _____ Yes (Please explain briefly): _____

Health Insurance Company

Policy Number

Name of Insured on the Policy

Parent/Guardian Signature

Date

Address:

City:

State:

Zip Code:

Emergency Phone Number/s:

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)

Iowa National Guard Claim Release for Minor

KNOW ALL MEN BY THESE PRESENTS: WHEREAS, I/WE, _____,
(Name/s)

parents of _____, a minor, have requested and have been granted authority
(Delegate's Name)

for the said minor to travel in Iowa National Guard vehicles as a passenger and/or use of National Guard facilities or equipment; and whereas such authority has been granted upon my/our own initiative, risk, and responsibility; now, therefore, in consideration of the granting of said authority to me/us by the United States and the State of Iowa through duly authorized officers and agents, do hereby for myself/ourselves, my/our heirs, executors and administrators, remise, release and forever discharge the Government of the United States and the State of Iowa, and all of their officers and agents, acting officially or otherwise, from any and all claims, demands, action or causes of actions, on account of death or on account of any injury to the above name minor which may occur by reason of such travel or use of facilities or equipment.

It is further understood and agreed that this release, among other things, extends to and includes negligence, faulty operation, and mechanical failure of the vehicles concerned.

The execution hereof does not operate to waive any statutory right conferred by Act of Congress or the Legislature of the State of Iowa.

(Parent/Guardian Signature)

(Printed Name/s)

(Name of Person to Be Notified in case of Emergency)

(E-Mail Address *and* Phone Number)

(Address)

(City, State, Zip Code)

**This form is to be signed by delegate's parent/
guardian and mailed to:**

The American Legion of Iowa

720 Lyon St.

Des Moines, Iowa 50309

DUE BY APRIL 1, 2008