

Flickertail Girls State, Inc.

American Legion Auxiliary • Department of North Dakota NDGirlsState@gmail.com • 701-314-2460 www.NDGirlsState.org

2022 Application Form

Section 1: Applicant Information

| Name o | f Applican | t: | | | | | | |
|-----------|--------------------------------|--|---|--|---|---|--|-------------------|
| Ad | dress: | | | | | | | |
| Cit | City: | | | State: | | | Zip Code: | |
| Pho | Phone: | | | Birthdate: | | | | |
| Na | me on Na | metag: | | En | nail Addres | ss: | | |
| T-Shirt S | T-Shirt Size: O Small O Medium | | O Large O XL C | | O 2XL | O 3XL | | |
| Name o | f Parent/G | Guardian: | | | | | | |
| Pai | rent/Guar | dian Addre | ess: | | | | | |
| Cit | City: | | | State: | | | Zip Code: | |
| Pai | Parent/Guardian Phone: | | Parent/Guardian Email a | | | ldress: | | |
| Name & | Location | of high sch | nool: | | | | | |
| high sch | | _ | th school credit for t who should rec | _ | | | t the information for the po | erson in th |
| Ma | ailing Addr | ess: | | | | | | |
| Cit | y/State/Zi | p: | | | | | | |
| Em | nail: | | | | | | | |
| O Yes | O No | Do you | have any dietary | , religious or c | ultural req | uests? If <i>Yes,</i> | please explain. | |
| O Yes | O No | birth ce docume | Are you a US Citizen or legal inhabitant of the United States as evidenced by a current and/or valid birth certificate, visa, passport, Green Card or other United States government-issued documentation verifying a legal presence in the United States for at least the duration of the ALA Girls State program? | | | | | |
| | | Nation S backgrou must be | enators. To be eligund check by the U | ible to participa IS government, irls Nation in or | ite in the Gi the White H der for her t | rls Nation proposition proposition of the lower to be eligible to | te participants to become ALA gram, girls must be able to clea US Secret Service. This docur o participate in ALA Girls Natio parent/guardian. | ar a mentation |
| O Yes | O No | Are you a high school girl who has completed the Junior year of high school and have at least one semester of high school remaining? | | | | | least one | |
| Yes | ONo | Are you | a member of the | e American Le | gion Auxilia | ary? | | |
| O Yes | ONo | Samsung Scholarship Eligibility: Are you a direct descendant (child, grandchild, great grandchild, elegally adopted child) of a US wartime veteran? If yes, you <i>may</i> be eligible for the Samsung scholarship. Visit http://ndgirlsstate.org/scholarships for more information. | | | | | | |

1/3 rev 1/2022



Flickertail Girls State, Inc.

American Legion Auxiliary • Department of North Dakota NDGirlsState@gmail.com • 701-314-2460 www.NDGirlsState.org

Section 2: Parent/Guardian Consent

| lease | | |
|-------|--|--|
| | | |

| I consent that, should the need arise, medical care may be provided by daughter as follows: | y a licensed medical professional to my | | |
|--|---|--|--|
| Permission is hereby granted to provide emergency medical treat or recommended by a qualified attending physician. | tment and hospital services as ordered | | |
| In the event of an emergency and I cannot be reached, permissio medical care rendered by a licensed medical professional includir X-ray examination, laboratory procedures, medical or surgical tre | ng the administration of an anesthetic, | | |
| Based on my daughter's medical history and medication regimen and the American Legion Auxiliary Girls State Director to develop be administered during the program. | , , | | |
| Permission is granted to American Legion Auxiliary Girls State to a bandages and minor medical care. | administer First Aid including the use of | | |
| I understand that ALA Girls State by nature is strenuous, both physical the applicant can adequately cope under these conditions. The undersigned parent/guardian of the applicant hereby consents to Auxiliary Flickertail Girls State at Grand Forks, ND June 12-17th, 2022 at the University of North Dakota, American Legion Auxiliary Department its officers, agents, instructors, and employees from any and all claims the session, or in connection with travel to and from said ALA Flickerta | e conditions. ant hereby consents to her participation in American Legion ND June 12-17th, 2022 and does hereby release and discharge on Auxiliary Department of ND, and Flickertail Girls State, Inc., from any and all claim for any cause which may arise during | | |
| The undersigned parent/guardian and the ALA Flickertail Girls State parent/guardian and the ALA Flickertail Girls State parent the American Legion Auxiliary Department of ND and Flickertail Girls State parent in connection with advertising or marketing this | state Inc. to use the image of likeness of | | |
| By signing below, I hereby certify that the information included in the application knowledge. | form is true to the best of my | | |
| Parent/Guardian Signature: | Date: | | |
| Witness: | Date: | | |
| Castian 2. Consequentian 8. Desistantian Fac | | | |

Section 3: Sponsor Information & Registration Fee

Girls State participants: Each participant needs to be sponsored by an American Legion Auxiliary unit in order to attend ALA Girls State. If you have a unit ready to sponsor you, submit this form to them. If you need help finding a unit to sponsor you, please contact ND ALA Girls State at 701-314-2460 or by emailing ndgirlsstate@gmail.com.

ALA Units, send this application with the registration fee to:
Dana Thoreson
608 3rd St SE
Rugby, ND 58368

The registration fee is \$300 per person. Make checks payable to ALA Flickertail Girls State.

Unit #: City:

Unit ALA Girls State Chairman:

Chairman Phone Number:

2/3 rev 1/2022

American Legion Auxiliary

Parent/Guardian Signature:

Flickertail Girls State, Inc.

American Legion Auxiliary • Department of North Dakota NDGirlsState@gmail.com • 701-314-2460 www.NDGirlsState.org

Section 4: Applicant Health Information

No girl will be accepted without the Medical Health Information section filled out and signed by the Parent/Guardian and signed by the physician giving the physical. Sports Physicals will be accepted. Attach a copy. Name of Applicant: Please indicate any presence of the following, either currently or in the past: Diabetes **Epilepsy** Ulcer **Asthma Hepatitis** Heart trouble Spastic colon Allergy Lung trouble Athlete's foot Skin rash Sore throat Mental health concern Vision difficulty Drug problem Ear or sinus trouble Significant allergies (please list): Other (please list): O Yes No Is the applicant currently under a doctor's care? If yes, for what? ALA Girls State by nature is strenuous, both physically and emotionally; the ability to cope adequately in these conditions should be considered before attending. In order for Girls State staff to better care for the participant during the week, please share any past or current mental, physical or emotional concerns that you may have, including any recommendations and restrictions: Medications O Yes Is the applicant currently taking (or will be taking) any prescription medications during Girls State? If O No yes, list drug, dosage, and frequency below. O No O Yes Is the applicant currently taking over-the-counter medications? If so, list drug, dosage, frequency, and for what reason below. O Yes Can medications be self-administered? If no, please explain below. O No **Explanation: Vaccination Dates** Rubeola: Rubella: Tetanus: Medical Insurance Information (optional) Policy Number: Insurance Co. Address: I certify that I have examined the above named applicant and find she is in good condition and has no contagious or infectious disease symptoms on this date. Physician's Signature: Date: **Phone Number:**

3/3 rev 1/2022

Date: