

**THE AMERICAN LEGION ALABAMA  
BOYS STATE REGISTRATION  
July 11 – 17, 2021**

Please fill out completely and send \$225.00 payment with this application. ***Please do not send one without the other. Applications without payment will not be processed.*** Make checks payable to: The American Legion, Dept. of Alabama. Applications must be mailed before the ***June 30<sup>th</sup> deadline***. Mail to: The American Legion, Department of Alabama, P.O. Box 1069, Montgomery AL. 36101. Please fill out completely and clearly.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Student's Email \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell Phone# ( ) \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

***List of your School Honors and attach transcript from school:***

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***This information must be filled out and signed by school Principal. If not application WILL BE returned***

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Approved By: Principal: \_\_\_\_\_

***\*\*\*I certify that the above student has been selected as our Boys State Delegate and has completed his junior year in school\*\*\****

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***Information below must be filled out by the Sponsoring Agency. This is who paid the application fee.***

Sponsored By: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT PARENTAL STATEMENT**

**INSURANCE CLAIMS CANNOT BE PROCESSED UNLESS THE FOLLOWING SECTION HAS BEEN COMPLETED.**

The American Legion Boys State has an insurance program that provides benefits for medical expenses not covered by other family insurance. In order for us to determine benefits, we will file a claim with your family insurance company. The Legion insurance policy will pay eligible expenses not paid by your coverage. Please answer all questions. Failure to provide complete information will delay payment of allowable benefits.

Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Please furnish any medical conditions, allergies or any other important information about your son:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please list someone other than parents. Parents will be notified first, but just in case we would like an emergency contact.**

I hereby authorize any insurance company, hospital, physician or any other person who has attended to or examined the claimant to disclose when requested to do so by The American Legion or its representative insurance company, any and all information with respect to any injury, policy coverage's, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

If other group insurance is involved, please attach a copy of their payment or denial notice to this claim. Processing of your claim will begin when we receive this information.

I hereby authorize Boys State staff to provide minor medical treatment in the case of an emergency or illness.

Also, we the parents agree to reimburse the amount of \$225.00 "Boys State Fee" to the sponsoring organization in the event my son decides not to attend Boys State after the **June 30<sup>th</sup> Deadline**. Exceptions will be due to accident, sickness, or death in the family.

**Scholarships:** I also understand that information about applications for college scholarships awarded at Alabama Boys State, including all deadlines, can be found at **<http://alboysstate.org/registration/>**.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_