

Forms Packet

The American Legion Mountaineer Boys State

June 10 – June 16

2012

This forms packet must be completed and turned in at the time of Registration (Sunday between 9:00 a.m. and 10:30 a.m.). To avoid delay during the Registration process, please have this forms packet ready upon your arrival for Registration.



75th Annual



The American Legion Mountaineer Boys State Boys State Pledge

As a citizen of the American Legion Mountaineer Boys State, I voluntarily make the following pledge:

- I will stay the entire duration of the American Legion Mountaineer Boys State Program.
- I will get written permission from the Administrator before I leave the Jackson's Mill Grounds, for any reason.
- I will obey the statutes, rules and regulations of the American Legion Mountaineer Boys State.
- I will protect and conserve all property of the Jackson's Mill 4-H Camp, my host for the week.
- I will show proper respect to the Flag by reciting the Pledge of Allegiance and participate in the singing of the National Anthem.
- I will discharge my duties as a citizen of Boys State with dignity and honor to my State, County, and City.
- I will adhere to the program of the State, participating in government and recreational activities as scheduled.
- I will attend the assemblies and other group meetings which are arranged for my citizenship and social development.
- I will serve my State with honor regardless of my office or position at ALMBS.
- I will make reports on time and conscientiously.
- I will respect the judgment of Counselors, Directors and Administrators.
- I will not possess tobacco products, pornographic materials, any type of weapon, alcoholic beverages, and illegal drugs while at the American Legion Mountaineer Boys State.
- I will e-mail, write, or call my homefolks twice during ALMBS.
- I will make a report to my sponsor of my impression of ALMBS soon after my return home and inform them of my activities at ALMBS.
- I understand that I will be dismissed from ALMBS for violating the rules of the program and or engaging in behavior that the staff believes to be disruptive and/or inappropriate and if dismissed, I understand that my school's recommending official(s) and my local American Legion Post will be notified of my dismissal.
- Above all, I will respect the rights of my fellow citizens.

The undersigned parent(s) or guardian(s), acknowledge that we have received the information packet and have reviewed its contents. The undersigned further agrees that he will abide by the rules of the program, which he will attend for the entire week. The undersigned further agrees that if you fail to make notification in a timely manner, you or your parent(s)/legal guardian(s) will be liable for reimbursement of the \$200.00 fee. If the Citizen leaves prior to the completion of the program on Saturday, June 16, 2012, you will be required to reimburse the balance of your meal and lodging fees to the American Legion Mountaineer Boys State.

Citizen Signature: _____ Date: _____

Printed Name: _____

Parent(s) or Guardian(s) Signature: _____ Date: _____

Printed Name: _____

Address and telephone numbers: _____



The American Legion Mountaineer Boys State Order Form

Applicant #: _____ Cottage: _____
Official Use Official Use

Citizen's Name: _____, _____ MI
Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Item	Price	Quantity	Total
Mountaineer Boys State T-Shirt	Free	1	Free
Extra MBS T-Shirts It is recommended that at least two additional shirts be purchased Shirt Size: _____	\$5.00		
DVD Yearbook Will be mailed 6-10 weeks after camp	\$20.00		
Pizza Each Cottage has a pizza party Friday night	\$3.00		
Donation American Legion Mountaineer Boys State operates solely on donations to sponsor boys. The current cost per boy that is paid by sponsors is \$200.00. If you are interested in making a donation to help the program, you may do so. This is not a requirement for you to attend ALMBS. Any donations made are 100% tax deductible and can be made in any denomination.	Any	1	
Total			

Please make checks payable to ***Mountaineer Boys State***. Cash is also an acceptable form of payment. Payment should be presented upon check-in at the American Legion Mountaineer Boys State.



The American Legion Mountaineer Boys State Medical Certificate

Boy's Name: _____ Date of Birth: ___/___/_____
Last First Middle

Address: _____
Street City County

Home Phone: _____ Parent's Work Phone: _____

Physician's Name: _____ Phone number: _____

Address: _____
Street City State Zip

MEDICAL HISTORY

Does the individual have:

Yes	No	Chronic illness (Diabetes, asthma, seizures ?)	Yes	No	Any hospitalizations?
Yes	No	Dizziness or frequent headaches?	Yes	No	Any surgeries?
Yes	No	Concussion/knocked out	Yes	No	Any injuries prohibiting sports participation?
Yes	No	Heat exhaustion/Heat stroke	Yes	No	Any organs missing (Eye, kidney, testicle, etc.?)
Yes	No	Fainting/Passing out?	Yes	No	Longer than 7 years from last tetanus shot?
Yes	No	Coughing, wheezing, shortness of breath	Yes	No	Wears: ___ glasses, ___ contacts, ___ dental appliances:
Yes	No	Been told not to participate in sports	Yes	No	Sudden death in family or heart attack before age 50?

Medications: _____

Allergies and symptoms: _____

SCREENING PHYSICAL EXAMINATION

(not meant to replace full physical examination by your private physician)

Height: _____ ft. _____ in. Weight: _____ lbs. Blood Pressure: _____/_____

HEENT:			Respiratory:			Musuloskeletal:		
Pupils equal and reactive	Yes	No	Symmetrical breath sounds	Yes	No	Abnormalities	Yes	No
Tympanic membranes intact	Yes	No	Wheezes	Yes	No	Scoliosis	Yes	No
Missing teeth, caries	Yes	No						
Cardiovascular:			Abdomen:			Genitourinary:		
Murmur, click	Yes	No	Masses	Yes	No	Inguinal Hernia	Yes	No
Irregularities	Yes	No	Organomegaly	Yes	No	Descended testicles	Yes	No
Skin:			Visual Activity Uncorrected:	L	R	Visual Acuity Corrected	L	R
Infectious lesions	Yes	No						

I certify that the above named individual is free from contagious disease and is physically able to participate in all Boys' State activities, including athletic events.

_____ Full approval _____ Limited approval with the following restrictions: _____

_____ M.D./D.O. Date: ___/___/20___

AFFADAVIT OF CONSENT AND PERMISSION

STATE OF WEST VIRGINIA, COUNTY OF: _____ TO WIT:

I/We the undersigned, after first being duly sworn, deposes(s) and say(s) that:

- I/We am/are the parent(s) or legal guardian(s) of _____, an individual 18 years of age or younger, to wit: _____ years of age.
- I/We give my/our consent and permission to the American Legion, Department of West Virginia, to allow the above-stated individual to participate in all activities (or as restricted) being conducted by the American Legion Mountaineer Boys State, Inc. for the year 20__.
- I/We do hereby expressly give and grant unto the Administrator and/or any other Counselor/Official of the American Legion Mountaineer Boys State, Inc. permission and authority to take such action as he or they deem necessary, reasonable, and proper to provide a medical examination and/or treatment of any injuries or illnesses sustained or developed while traveling to or from, or while participating in any activities conducted by the American Legion Mountaineer Boys State, Inc. I/We also authorize and permit any of the above counselors/Officials to act in my/our stand in making any requests or giving any permission as may be required by any medical organization and/or physician.

Parent/Guardian Signature(s) _____

Taken, subscribed, and sworn to before me this _____ day of _____, 20_____

My Commission expires: _____

Notary Public: _____

County, West Virginia