

American Legion



Illinois Boys State

2012 Registration Form
June 9-15, 2012
Eastern Illinois University
Charleston, IL

“A WEEK THAT SHAPES A LIFETIME”

- Please use dark blue/black ink to complete application. PLEASE PRINT LEGIBLY.
- Please make remittance of **\$225** to **The American Legion Illinois Boys State**.
- ___ Please check here if you are paying the registration fee via PAYPAL.
- This registration form is *not considered complete* unless all of the following have been included:
 - Parent/guardian must sign the application indicating agreement with the parental consent.
 - Payment must be received before registration process is considered complete.
 - The EIU Waiver of Liability and Hold Harmless Agreement on the reverse side must be signed.
- Mail form with payment to: The American Legion Illinois Boys State, PO Box 2910, Bloomington, IL 61702-2910
- Upon receipt of payment and registration form, students shall receive an acceptance letter by US Mail.

-Office Use Only- Boys State County _____ Boys State City _____ Walk-In ___

Student Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State ___ Zip _____

Date of Birth _____ Email Address _____ Cell Phone No. _____

High School _____

Sponsor Information

Sponsor _____ Address _____

City _____ State ___ Zip _____ Sponsor Email _____

Parent Information

Name of Parent or Guardian _____ Contact Phone _____

Address (if different than above) _____ Emergency Phone _____

Email Address _____

American Legion Illinois Boys State Medical Record (to be completed by parent or guardian)

What allergies, if any? _____

What medications, if any? _____

Have you had a tetanus shot in the last seven years? Y N Diabetic? Y N Asthmatic? Y N

What conditions, if any, would prevent full participation in the program and activities of Boys State?

Parental Consent (required)

As a parent or court appointed guardian of the person named above, I give permission for him to participate in The American Legion Illinois Boys State. Any photographs or videos taken of my son in the course of his participation in Illinois Boys State may be used in the Illinois Boys State yearbook, newspaper, website or promotional material. In the event of his injury or sickness, I authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by EIU Health Center, Sara Bush Lincoln Health Center, or such health care provider as shall be designated by the President, Director of Counselors, Executive Director, or authorized staff member of American Legion Illinois Boys State.

Signature of Parent or Guardian _____ Date _____

Please complete and sign both pages of this form.

Visit us at www.IllinoisBoysState.org

Eastern Illinois University
Office of Conference Services

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This is a legally-binding *Liability Release, Waiver, Discharge, and Covenant Not to Sue* made by me, _____ (hereinafter referred to as "Participant") to THE BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY (hereinafter referred to as the "University").

Participant, as a visitor of Eastern Illinois University and the Office of Conference Services at Eastern Illinois University, acknowledges that neither the University, nor any of its employees, is responsible for any cost, damage to personal property, loss of property, bodily injury, sickness, or accidental death as a result of participation in or attendance at any conference or activity at Eastern Illinois University, while on university property, including travel to and from the area the activity is conducted. Participant agrees to indemnify and hold harmless the University, its employees, and any persons associated with the Office of Conference Services, and agrees to take full responsibility for all risks and liability associated with this conference or activity.

Participant understands that he/she must be accompanied by a staff chaperone in any residential, dining, athletic, or academic facility on the property of Eastern Illinois University. Participant has discussed all University policies with chaperones and staff involved with group and assumes complete risk of any activity done in violation of any policy or law during the duration of our conference or activity.

By signing below, participant acknowledges that he/she has read and understands the foregoing Waiver of Liability and Hold Harmless Agreement. This waiver must be turned in to the University staff during camp check-in.

Camp or Conference: American Legion Illinois Boys State

Participant's Printed Name

Participants Signature – Date

Guardian's Printed Name (if participant is under the age of 18)

Guardian's Signature (if participant is under the age of 18) - Date