



American Legion Auxiliary
California Girls State
2018 Delegate/Parent/Guardian Packet



Dear Alternates and Parents/Guardians,

Please print, read, and fill out the following 4 pages of information regarding California Girls State. You will be asked to sign your agreement and understanding of the following rules and guidelines for Girls State on the Signature pages. Please keep copies of all information and forms for your own reference.

Alternate and Parental/Guardian Acceptance

No application will be accepted without signature forms completed and signed by the Girls State Alternate and her parent or guardian(s).

We understand and accept the following eligibility requirements:

- a. Limited to females who are 11th grade students for the current school year (public, private, or home school). Each Alternate must plan to continue high school and attend one or more semesters immediately following the Girls State session.
- b. Previous Girls State Citizens shall not be eligible as a Alternate. The Department Chairman may accept or reject any applicant.
- c. Alternates shall be selected on the basis of outstanding leadership, scholastic merit, interest in community and government, character, honesty, and cooperativeness.
- d. Girls State is a drug/alcohol free environment.
- e. Alternates shall not be excluded because of religious medical beliefs.
- f. Must be of excellent character and citizenship, and should be in the upper third of her class scholastically.
- g. Should possess qualities of courage and honesty, and be cooperative with others. Upon her return from Girls State, Delegate must be willing to relate the interest and sense of responsibility of government she has gained from participating at Girls State to her school, community, and sponsors. Alternate will only attend Girls State if the Delegate is unable to attend.
- h. Candidates and Alternates who are married, pregnant, or have children shall not be considered because family needs would naturally be a priority over attending the conference.
- i. Alternate must be independent in the physical requirement of daily living; if not, we understand that we must provide an ATTENDANT AT OUR OWN EXPENSE. This attendant must be a minimum of twenty-one (21) years of age, female, and able to attend the entire session.
- j. Final acceptance of Delegate and Alternate(s) is dependent on all paperwork being complete and eligibility requirements satisfied. The Unit makes the final choice after recommendations and interviews.
- k. Once at the Girls State session, if it is determined that these eligibility requirements have not been met, the Alternate, should she become the Delegate will be sent home and the fees (\$350) will be repaid to the sponsoring Unit by the parent/guardian or Alternate.
- l. **If the Delegate fails to attend, and a qualified Alternate from her school is not able to attend, then the Enrollment Fee (\$350) will be repaid to the sponsoring Unit by the parent/guardian or Delegate.**
- m. The \$75 Registration Fee, paid by Delegate/her parents/guardian, is non-refundable. Alternates are not required to pay any fees unless they become the Delegate and the Delegate did not pay the Registration fee.

Health & Safety Disclosure

For the safety of the Alternate and for the safety of the other Girls State Citizens, the following guidelines must be read and agreed to by the applicant and her parent/guardian(s).

1. All Girls State Delegates must check-in with the Nurse and Counselors during the check-in process.
2. No sharing of medications (prescription and/or over-the-counter). If a citizen is not feeling well, she must go the Nurse taking two other citizens with her.
3. If there is an accident, send two runners to the Nurse. Stay with the injured person. Attempt to keep her calm and in place. Advise a Counselor, as soon as possible.
4. Stay within the boundaries of the portion of the campus being used for the Girls State program.
5. Always travel in pairs. The only exception is when taking a citizen to the Nurse, in which case, three citizens travel together so that two citizens can return to activities.
6. Always advise your Counselor/City Mom when you must be away from your city.
7. You may not stay in your room when your city is not on the floor. If you are not feeling well, advise your Counselor/City Mom and go to the Nurse's station.
8. If anyone makes you feel uncomfortable, go to your City Counselor or the Chief Counselor.
9. Cell phone calls/text messages may only be placed during scheduled recreation time. If you have an emergency, you must explain the situation to your Counselor. She will give permission for you to take or make a call or text message.
10. Curtains in dorm rooms must be completely closed when in the room during night hours. Doors must be locked at all times when you are away from the dorm room or it is after City Friendship Time. Do not open the door without first asking, "Who is it?" and recognizing the person.
11. The campus conducts other conferences and classes during the time Girls State is active. Citizens should not engage in conversation with those not involved in the Girls State program. Always be cautious! If approached by others, report the advances to your City Counselor.
12. At all times, when outside your dorm room, wear around your neck the lanyard with your nametag and room key. Lost keys will cost \$150.
13. Read the schedule in your handbook and be on time for meetings, ceremonies, meals, etc. Head counts will be made by your Counselor/City Mom throughout the day. Only the Nurse or a Counselor may excuse you from a meeting or activity.

All information must be read, forms completed, signed, and returned to your Unit Chairman before March 15, 2018.

Any Questions please contact:

Tammy Sollazzo, California Girls State Chairman

CAGSChair@gmail.com

(562)506-3345

Alternate Name _____ Circle: 1st Alternate 2nd Alternate District # _____ Unit # _____

Phone Number _____ School Name _____

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**American Legion Auxiliary California Girls State
2018 Alternate Packet**

Alternate's Acceptance

I, the undersigned, in consideration of the acceptance of this application and the training benefits to be derived by me as a citizen of the Annual Girls State, do hereby agree to be in attendance for the **entire session** (extreme emergency excepted) to conduct myself according to all rules and regulations established for the governing of the California Girls State, which is sponsored and conducted by the **American Legion Auxiliary**, Department of California. I understand that my participation in the American Legion Auxiliary Girls State program is a privilege, and I will actively participate in **all** activities and fulfill my responsibilities at ALA Girls State in every capacity to which I may be assigned.

I do not have any applications pending nor will schedule any program that will affect my attendance at Girls State.

Signature of Alternate

Alternate and Parental/Guardian Acceptance

We understand and accept the eligibility requirements as written on page 1 of the Alternate/Parent/Guardian packet. If the Delegate fails to attend, and a qualified Alternate from her school is not able to attend, then the Enrollment Fee (\$350) will be repaid to the sponsoring Unit by the parent/guardian or Delegate.

Signature of Alternate

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Health & Safety Disclosure

For the safety of the Alternate, should she become the Delegate, and for the safety of the other Girls State Citizens, the guidelines must be read and agreed to by the applicant and her parent/guardian(s). We have read the Health & Safety Disclosure on page 2 of the Alternate/Parent/Guardian packet. We understand that these rules are in place to protect the citizens. Furthermore, the Alternate accepts responsibility to adhere to the rules and the parent/guardian supports the California Girls State staff in administering the rules. If the Alternate fails to function within the rules, should she attend, she will be sent home at her own expense, the sponsoring Unit will be notified, and her participation at Girls State will not be acknowledged.

Signature of Alternate

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Health Certification

As her parent/guardian, I certify that she is in good physical and mental condition. There are no health restrictions that would inhibit her participation in the program, and the above information is accurate and true.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

Alternate Name _____ Circle: 1st Alternate 2nd Alternate District # _____ Unit # _____

Phone Number _____ School Name _____
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Consent to Medical Treatment and Hospital Services

This will certify that I/we, the undersigned parent(s) or guardian of _____ do, in the event that my/our daughter becomes a participating member of the American Legion Auxiliary CA Girls State, to be held in Claremont, CA on the Claremont McKenna College campus between the dates of **Monday, June 25, 2018 to Saturday, June 30, 2018** (inclusive), hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Permission is also granted for minor treatment, including the use of emergency First Aid medications and bandages and to the Nurse to administer over-the-counter medications and minor medical care per the manufacturer’s guidelines by the CA Girls State staff or Nurse. Based on my daughter’s medical history and medication regimen, permission is granted for my daughter and the American Legion Auxiliary CA Girls State Nurse to develop a medication administration plan(s) to be administered during the program.

I/We agree that in no event will the American Legion Auxiliary, Department of California or its officers, leaders, or agents become liable for the first aid rendered, treatment, drugs, medicines or surgical procedures performed pursuant to the consent; that the undersigned hereby holds such parties harmless from any liability which may occur as a result of this consent. The undersigned will fully inform said Auxiliary of the physical condition of our daughter/ward, and any other matter concerning her, which may create a special problem or require special treatment.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Medical Insurance

Please check the appropriate box. If bottom box is checked, you must fill out the additional information.

I have completed my insurance information online (on the online application)

WAIVER OF MEDICAL INSURANCE (must check and fill out the below portion if not given online)

Below is to be completed if no insurance is available to Girls State Applicant and Waiver box checked.

My/Our daughter _____, is not covered by medical/health insurance. I/We agree to pay for any and all medical treatment deemed necessary by any qualified medical professional (paramedic or doctor) in the event my/our daughter requires medical treatment.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Release for Minors

I, being Parent/Guardian of _____, hereby consent that any photographs, films, audio, and visual tapes for which she posed may be used by California Girls State/American Legion Auxiliary, its assigns, subsidiaries, successors, and/or affiliated entities, in the manner they may desire, including newspaper, audio/visual productions, television, radio and digital recordings and postings on the organizations website. Furthermore, I hereby consent that such interviews, photographs, films, audio and visual tapes, digital imaging and the plates from which they are made become their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, audio, visual tapes, digital imaging and plates, as they may desire, and for any legal purpose, free and clear of any claims for remuneration or otherwise, on my part.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Unit Chairman Affidavit

Alternate Name _____ Circle: 1st Alternate 2nd Alternate District # _____ Unit # _____

Phone Number _____ School Name _____

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I have reviewed the Alternate/Parent/Guardian Packet for completeness. _____

Signature of Unit Chairman