



American Legion Auxiliary  
California Girls State  
**2022**  
Alternate Parent/Guardian Packet



Dear Alternates and Parents/Guardians,

Please print, read, and complete the following four pages regarding American Legion Auxiliary California Girls State. You will be asked to sign your agreement and understanding of the following rules and guidelines for ALA CA 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 ALA Girls State Alternate and her parent/guardian.

We understand and accept the following eligibility requirements:

- a. Limited to 11<sup>th</sup> grade students for the 2021-2022 school year (public, private, or home school). Each Alternate must plan to continue high school and attend one or more semesters immediately following the ALA Girls State session.
- b. Previous ALA Girls State Citizens are not eligible as Alternates. The Department Chairperson 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. ALA Girls State is an environment free of drugs, alcohol, tobacco, vaping, bullying, and harassment.
- e. Alternates must be of excellent character and citizenship and should be in the upper third of their class scholastically.
- f. Upon her return from ALA Girls State, the Alternate must be willing to relate the interest and sense of responsibility of government the Alternate has gained from participating at ALA Girls State to her school, community, and sponsors.
- g. Alternates must be independent in the physical requirements of daily living. If not, the Alternate's family must provide an ATTENDANT AT THEIR OWN EXPENSE. This attendant must be a minimum of twenty-one (21) years of age, be female, pass a background check, and attend the entire session.
- h. Alternates must be fully vaccinated (two shots of Pfizer or Moderna vaccine or one dose of Johnson and Johnson, plus 14 days after the last dose). For Alternates who completed the primary COVID-19 vaccination series (first two shots) before January 15, 2022, a booster (third shot) is required. Alternates must be willing to comply with all COVID-19 protocols required during the session (i.e. wearing masks, performing hand hygiene, and social distancing).
- i. The sponsoring ALA Unit makes the final selection of the Alternate after recommendations and interviews. Final acceptance of the Alternate is dependent on all paperwork being complete and eligibility requirements satisfied.
- j. Once at the ALA Girls State session, if it is determined that these eligibility requirements have not been met, the Alternate will be sent home *at her own expense* and the Unit Enrollment fee (\$350) will be repaid to the sponsoring ALA Unit by the parent/guardian or Alternate.
- k. **If the Alternate fails to attend, and another 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 Alternate. The parent/guardian or Alternate will also be responsible for repaying the full Enrollment Fee (\$350) to the sponsoring ALA Unit if she leaves the ALA Girls State session prior to the closing ceremony.**
- l. If the \$75 Registration Fee is paid by the Alternate or parent/guardian, it is non-refundable.

## Health & Safety Disclosure

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

1. All Girls State Alternates must check-in with the Nurse and Counselors during the check-in process.
2. All medications (prescription and/or over-the-counter) must be surrendered to the Nurse during check-in except for an Epi-pen or inhaler. If a citizen is not feeling well, she must go to the Nurse and take 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 ALA Girls State program.
5. ALA Girls State citizens must always travel at least in pairs. ALA Girls State relies on the buddy system for safety. The university is an open campus.
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 with two other citizens.
8. If anyone makes you feel uncomfortable, immediately inform 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. Always use technology appropriately.
11. Curtains in dorm rooms must be completely closed while Alternates are in the room during night hours. Doors must be locked at all times when you are away from the dorm room. Do not open the door without first asking, "Who is it?" and recognizing the person.
12. The campus conducts other conferences and classes during the time ALA Girls State is active. Alternates should not engage in conversation with those not involved in the ALA Girls State program. Always be cautious! If approached by others, report the advances to your City Counselor.
13. At all times, when outside your dorm room, wear around your neck the lanyard with your nametag and room key/fob. Lost keys/fobs will cost the Alternate \$30.
14. 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. Signature forms (pages 3, 4, and 6 of this file) must be completed, signed, scanned or photographed SEPARATELY, and uploaded to the online application before **March 31, 2022**.**

After the Alternate Parent/Guardian Packet is a 2-page Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims required by California State University, Sacramento. The final page must be completed, signed, scanned or photographed SEPARATELY, and uploaded to the online application.

**If you have any questions, please contact:**

**Allyn Kau**

**American Legion Auxiliary California Girls State Department Chairperson**

**[ALACAGSChair@gmail.com](mailto:ALACAGSChair@gmail.com)**

**(626) 622-2354**

Alternate Name \_\_\_\_\_

District # \_\_\_\_\_

Unit # \_\_\_\_\_

Phone Number \_\_\_\_\_

School Name \_\_\_\_\_

**American Legion Auxiliary California Girls State  
2022 Alternate Parent/Guardian 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 American Legion Auxiliary California Girls State, do hereby agree to be in attendance for the **entire session** and conduct myself according to all rules and regulations established for the governing of ALA California Girls State, which is sponsored and conducted by the **American Legion Auxiliary**, Department of California. I understand that my participation in the ALA California Girls State program is a privilege, and I will actively participate in **all** activities and fulfill my responsibilities at ALA California Girls State in every capacity to which I may be assigned. I will comply with all COVID-19 protocols required during the session.

**I do not have any applications pending nor will schedule any program that will affect my attendance at ALA California 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 **Alternate fails to attend**, and a qualified Alternate from her school is not able to attend, the Enrollment Fee (\$350) will be repaid to the sponsoring ALA Unit by the parent/guardian or Alternate. If the Alternate leaves prior to the conclusion of the Closing Ceremony, the full Enrollment Fee (\$350) will be repaid to the sponsoring ALA Unit by the parent/guardian or Alternate.

\_\_\_\_\_  
Signature of Alternate

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Release for Minors-Photos/Social Media**

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that any photographs, films, audio, and visual recordings for which she posed may be used by the American Legion Auxiliary and the American Legion Auxiliary Girls State program, its assigns, subsidiaries, successors, and/or affiliated entities, in the manner they may desire, including but not limited to newspaper, audio/visual productions, television, radio and digital recordings and postings on the organizations' website and social media. Furthermore, I hereby consent that such interviews, photographs, films, audio and visual recordings and digital imaging from which they are produced become their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, audio and visual recordings and digital imaging, 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

**Alternates who have not received Measles Vaccination**

This document will certify that I/we, the undersigned parent(s) or guardian(s) of \_\_\_\_\_ has/have agreed to be solely liable in the case that my daughter contracts the measles. In the case that my daughter contracts the measles, it is my understanding that we will need to provide transportation at our cost to get her home.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Alternate Name \_\_\_\_\_

District # \_\_\_\_\_

Unit # \_\_\_\_\_

Phone Number \_\_\_\_\_

School Name \_\_\_\_\_

**Health & Safety Disclosure**

We have read and agreed to the Health & Safety Disclosure on page 2 of the Alternate Parent/Guardian Packet. We understand that these rules are in place for the safety of the Alternate and for the safety of the other American Legion Auxiliary California Girls State Citizens. Furthermore, the Alternate accepts responsibility to adhere to the rules and the parent/guardian supports the ALA California Girls State Staff in administering the rules. If the Alternate fails to function within the rules, she will be sent home at her own expense, the sponsoring Unit will be notified, and her participation at ALA California Girls State will not be acknowledged on her transcript, college applications, or resume.

\_\_\_\_\_  
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 information submitted in the online application is accurate and true.

I understand that if my child tests positive for COVID-19 she must leave the campus immediately after the positive test result is determined and that I am responsible for that transportation. The University will not house her in quarantine on campus.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**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 California Girls State, to be held in Sacramento, CA on the California State University, Sacramento campus between the dates of **Monday, June 27, 2022 to Saturday, July 2, 2022** (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 American Legion Auxiliary CA Girls State Staff or Nurse. Based on my child's medical history and medication regimen, permission is granted for my child and the ALA 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 child/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 only ONE box.***

I **have** medical/health insurance. I accurately submitted my medical/health insurance information on the online application.

I **do not** have medical/health insurance coverage. **WAIVER OF MEDICAL INSURANCE:** My/Our child, \_\_\_\_\_, 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 child requires medical treatment.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity:

American Legion Auxiliary California Girls State

---

---

Activity Date(s) and Time(s): 6/27/2022-7/2/2022

Activity Location(s): California State University, Sacramento

---

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Sacramento; and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

**I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.**

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

*If Participant is under 18 years of age*

I am the parent or legal conservator/guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor's Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor's Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name