



American Legion Auxiliary  
California Girls State  
**2023**  
Delegate Parent/Guardian Packet



Dear Delegates 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.**

**Delegate and Parental/Guardian Acceptance**

No application will be accepted without signature forms completed and signed by the ALA Girls State Delegate and the Delegate's parent/ guardian.

We understand and accept the following eligibility requirements:

- a. Limited to 11<sup>th</sup> grade students for the 2022-2023 school year (public, private, or home school). Each Delegate 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 Delegates. The ALA Department Chairperson may accept or reject any applicant.
- c. Delegates shall be selected on the basis of outstanding leadership, scholastic merit, interest in community and government, character, honesty, and cooperativeness. Delegates should be independent in the physical requirements of daily living. If not, the Delegate'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.
- d. Delegates who have an underlying medical condition must have medical clearance from their licensed physician to attend ALA California Girls State.
- e. Delegates must be willing to conform to all medical regulations specified by federal and state law, the California Department of Public Health, and as stated in the medical sections. Delegates are strongly recommended to be current with all vaccinations recommended by CDC, including COVID-19 and flu. Any Delegate who becomes sick during the session must leave the campus as soon as reasonably possible and the Delegate's family is responsible for arranging transportation home and any associated costs.
- f. Delegates must be of excellent character and citizenship and should be in the upper third of their class scholastically.
- g. Upon return from ALA Girls State, the Delegate must be willing to relate the interest and sense of responsibility of government the Delegate has gained from participating at ALA Girls State to the school, community, and sponsors.
- h. The sponsoring ALA Unit makes the final selection of the Delegate after recommendations and interviews. Final acceptance of the Delegate is dependent on all paperwork being complete and eligibility requirements satisfied.
- i. ALA Girls State is an environment free of drugs, alcohol, tobacco, vaping, bullying, and harassment.
- j. Once at the ALA Girls State session, if it is determined that these eligibility requirements have not been met, the Delegate will be sent home *at the Delegate's own expense* and the Unit Enrollment fee (\$350) will be repaid to the sponsoring ALA Unit by the parent/guardian or Delegate.
- k. **If the Delegate fails to attend, and a qualified Alternate from the school is not able to attend, then the Enrollment Fee (\$350) will be repaid to the sponsoring Unit by the parent/guardian or Delegate. The parent/guardian or Delegate 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. The \$75 Registration Fee, paid by the Delegate or parent/guardian, is non-refundable.

## Health & Safety Guidelines

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

1. All Girls State Delegates 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 Delegate is not feeling well, she must go to the Nurse and take two other Delegates.
3. ALA Girls State Delegates must always travel at least in pairs. ALA Girls State relies on the buddy system for safety. The university is an open campus.
4. If there is an accident, send two Delegate runners to the Nurse. A third Delegate stays with the injured person. Attempt to keep the injured person calm and in place. Advise a Counselor, as soon as possible.
5. Stay within the boundaries of the portion of the campus being used for the ALA Girls State program.
6. Always advise your Counselor/City Liaison 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 Liaison and go to the Nurse's station with two other Delegates.
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. Window coverings in dorm rooms must be completely closed while Delegates 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. Delegates 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 Delegate \$30.
14. Read the schedule in your handbook and be on time for meetings, ceremonies, meals, etc. Headcounts will be made by your Counselor/City Liaison 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 15, 2023**.**

After the Delegate 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**

Delegate Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

Phone Number \_\_\_\_\_ School Name \_\_\_\_\_

**American Legion Auxiliary California Girls State  
2023 Delegate Parent/Guardian Packet**

**Delegate’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 (from check-in between 7-9am on Monday, June 26 through check-out at 4:30pm on Saturday, July 1)** 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 understand that I cannot leave campus or engage in summer school or AP/IB coursework, interviews, appointments or any other outside activity 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 Delegate

**Delegate and Parental/Guardian Acceptance**

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

\_\_\_\_\_  
Signature of Delegate

\_\_\_\_\_  
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

**Delegates 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/our child contracts measles. In the case that my/our child contracts measles, it is my understanding that we will need to provide transportation at my cost to return my/our child home.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Delegate Name \_\_\_\_\_

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

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

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

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

**Health & Safety Disclosure**

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

\_\_\_\_\_  
Signature of Delegate

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Health Certification**

As parent/guardian, I certify that my/our child is in good physical and mental condition. There are no health restrictions that would inhibit my/our child's participation in the program, and the information submitted in the online application is accurate and true.

I understand that if my/our child becomes ill, my/our child must leave the campus immediately (driving time to Sacramento State plus two hours) and that I am responsible for that transportation. The University will not house my/our child 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 child 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 26, 2023 to Saturday, July 1, 2023** (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/our child's medical history and medication regimen, permission is granted for my/our 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 my/our child/ward, and any other matter concerning my/our child, 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, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity:	American Legion Auxiliary California Girls State
Activity Date:	6/26/2023-7/1/2023
Location:	California State University, Sacramento
Comments	

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”), and Associated Students, Inc., University Enterprises, Inc., and University Union, their employees, officers, directors, volunteers and agents (collectively “Auxiliary Organization”), from any and all claims, **including claims of 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 and Auxiliary Organization **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 and Auxiliary Organization. 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 and Auxiliary Organization from all liability, (b) promising not to sue the University and Auxiliary Organization, (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 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:		Date	
Participant Name (print):			

Delegate Name \_\_\_\_\_ District # \_\_\_\_\_ Unit # \_\_\_\_\_

Phone Number \_\_\_\_\_ School Name \_\_\_\_\_

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University and Auxiliary Organization 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 Participant's Parent/Guardian:		Date	
Name of Minor Participant's Parent/Guardian (print)			

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**