



Dear Delegates and Parents/Guardians,

Please read the following five pages regarding American Legion Auxiliary California Girls State. You will be asked to sign your acceptance and understanding of the following rules and guidelines for ALA CA Girls State on signature pages that will be emailed after the online application is completed, first to Parent/Guardian #1, then to Parent/Guardian #2 if applicable, then to the Delegate.

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(s)/guardian(s).

We understand and accept the following eligibility requirements:

- a. Limited to 11th grade students for the 2024-2025 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 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 completed and eligibility requirements satisfied.
- i. ALA Girls State is an environment free of drugs, alcohol, tobacco, vaping, bullying, and harassment. Should a Delegate not comply with these expectations, the Delegate will be dismissed from the program and sent home at the parent/guardian's expense.
- 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 (\$425) 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 (\$425) 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 (\$425) to the sponsoring ALA Unit if the Delegate 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, the Delegate must go to the Nurse accompanied by 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. The Counselor 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.

Read all pages carefully. The online application must be completed before **March 15, 2025.**
Electronic signature forms must be completed before **March 20, 2025.**

If you have any questions, please contact:
Caroline Miller
American Legion Auxiliary California Girls State Department Chairperson
ALACAGSChair@gmail.com
(562) 444-8296

TRANSPORTATION

Parents/Guardians, please carefully review this information with your Delegate. There will be transportation questions in the online application. Any changes made to responses to these transportation questions after the application deadline may not be able to be accommodated.

Delegates who attend a school located north of Salinas or Fresno are responsible for their transportation to and from Sacramento State University.

- Delegates must arrive between 7-9:00am on Saturday, June 14 and depart at 4:00pm on Thursday, June 19.
- Delegates cannot drive themselves to and from Sacramento State University.
- There is no transportation provided to or from the airport, train station, or anywhere else.

American Legion Auxiliary Department of California will coordinate charter bus transportation for Delegates who attend a school located more than two hours south of Sacramento State University.

The online application gives those Delegates an opportunity to choose ONE of the following:

- A. bus transportation both to and from Sacramento State University,
- B. bus transportation only to Sacramento State University and private transportation after the session,
- C. private transportation to Sacramento State University and bus transportation after the session, or
- D. private transportation both to and from Sacramento State University.

The American Legion Auxiliary CA Girls State volunteers will use the responses submitted by the March 15 application deadline to determine the number of buses required and their routes.

- Buses will arrive at Sacramento State University between 7-9am on Saturday, June 14 and leave Sacramento State University after Closing Ceremonies on Thursday, June 19. **This means that buses will leave some stops late Friday evening, June 13 and arrive very early morning on Friday, June 20.**
- Buses will be scheduled to pick up and drop off at locations with large parking lots near the freeway.
- Specific bus stop pickup and drop-off times and locations will be distributed in early June.
- Consult your ALA Unit Girls State Chairperson to determine how transportation costs are paid.

Delegate Name _____

District # _____

Unit # _____

Phone Number _____

School Name _____

**American Legion Auxiliary California Girls State
2025 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 Delegate 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 Saturday, June 14 through check-out at 4:00pm on Thursday, June 19)** 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 (\$425) 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 (\$425) 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 the Delegate 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 immediately 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 Delegates. 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 **Saturday, June 14, 2025 to Thursday, June 19, 2025** (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