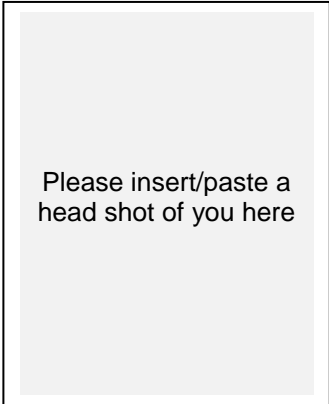


American Legion Auxiliary Wyoming Girls State

Registration form

_____	_____	_____	_____
Last Name	First Name	MI	Nickname
_____		_____	_____
Mailing Address		City	State Zip Code
_____		_____	
Student's Cell phone Number		Student email (NO SCHOOL EMAIL)	
_____		_____	
Parent/Guardian phone Number		Parent/Guardian email	
_____		_____	
Father/Guardian Name		Mother/Guardian Name	



Food restrictions or Allergies: _____

Name of Local Newspaper/social media site:

(for social media site: list platform and name of site: example: Sheridan Media, facebook)

College Credits:

Yes, I would like to enroll for 3 college credits and will pay the administration fee of \$40 on arrival at Girls State

No, I am opting out of the 3 college credits

Education selection:

Please pick in order of preference (1,2,3) which educational session you want to attend for the week of Girls State-selections are made on a first come first serve basis.

Education: House _____ Senate _____ Court _____

School Verification (*signature of HS Principal/official needed*):

_____ is a member of the current Junior Class of _____
(Print Name of Delegate Above) (Print Name of High School Above)

(Print Name of Principal/School Official's Name and title) Principal/School Official Signature

Auxiliary Unit Sponsorship/Approval

Unit # _____ approves the above listed delegate to attend Girls State _____ session.

Name of unit: _____ in _____, Wyoming

Name of Chairman: _____ Date: _____

Unit Chairman email: _____ Phone _____

Local Girls State Chairman Signature AND/OR _____
Unit President Signature

American Legion Auxiliary Wyoming Girls State

PHOTO/MEDIA RELEASE: I grant to the American Legion Auxiliary, its representatives, and its employees the right to take photograph(s) and/or video(s) of me and my property in connection with the Wyoming Girls State session. I authorize the American Legion Auxiliary, its assigns, and its transferees to copyright, use, and publish the same in print and/or electronically. I agree that the American Legion Auxiliary may use such photograph(s)/video(s) of me, with or without my name, for any lawful purpose, including, for example, publicity, illustration, advertising, and web-related content. Specifically, I give the American Legion Auxiliary permission to use my name, home town, and picture(s), individual and/or in groups, in press releases for radio, newspaper, and/or on The American Legion Department of Wyoming Website.

PARTICIPATION REQRIMENTS: The American Legion Auxiliary's core values are God and Country. The pledge of Allegiance and prayers will be offered throughout the week. The House and Senate sessions incorporate Invocations and Benedictions similar to the Legislative branches of government. As a participant of Girls State, I acknowledge and accept the values of God and Country, and agree to participate in these activities.

Date

Delegate Signature

Date

Parent(s)/Guardian(s) Signature

MEDICAL RELEASE: In the event that our (my) daughter becomes ill or sustains an injury while under the supervision of the Wyoming Girls State program, we (I) hereby give permission to administer medical care to our (my) daughter's relief. If it is not practical to return our (my) daughter to us (me), or to receive our (my) instructions for her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines, and to perform such surgical procedures as shall be deemed necessary to preserve our (my) child's life and health. We (I) hereby release and discharge the American Legion Auxiliary Wyoming Girls State, its officers, agents, instructors, and employees from any and all claims, demands, suits, actions, or causes of action that we (I) may or shall have by reason of arranging such medical treatments or from failure to seek such medical treatment. Permission is also granted for minor treatment, including the administration of emergency first aid and/or over the counter medications, by ALA Girls State staff or nurse.

Date

Delegate Signature

Date

Parent(s)/Guardian(s) Signature

LIABILTY RELEASE: We (I), the undersigned parent(s) or guardian(s) of _____ in consideration of information as provided, do hereby release and discharge The American Legion Auxiliary, Department of Wyoming, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions or causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said applicant while attending Wyoming Girls State, no matter how caused or occasioned, to bring.

Date

Parent(s)/Guardian(s) Signature