

KEYSTONE BOYS STATE

June 20-26, 2010
Shippensburg University
Shippensburg, PA

Applications are handled on a first-come, first-served basis.

Opening date is February 1, 2010

DEADLINE DATE: June 1, 2010

KBS CITIZEN: PLEASE FORWARD YOUR COMPLETED APPLICATION TO YOUR LOCAL AMERICAN LEGION POST TO OBTAIN SPONSORSHIP AT LEAST ONE MONTH PRIOR. SOME POSTS VOTE ON THE SPONSORSHIP REQUESTS AT THEIR MONTHLY MEETINGS.

Student Name _____ (hereby known as a KBS "Citizen")
Last First MI

Nickname if preferred _____ Home Phone (____) Cell Phone (____)

Citizen's Email _____ Tee Shirt Size _____ PA Voting District Senate _____ House _____
confirmation letter will be emailed

Address _____
Street/Rd City State/Zip

US Congressional District _____ Date of Birth ____/____/____ Grade Completed June 2010 _____ GPA _____

School District _____ High School _____ Principal _____

High School Address/Website _____

Name of Teacher/Coach/Guidance Counselor/
Principal/other person nominating you for KBS 2010 _____

Nominating Person's Email _____

Activities, Work Experience and/or Leadership Experience _____

PLEASE INDICATE YOUR INTEREST IN THE FOLLOWING WITH Yes, No, Maybe

At KBS are you interested in a.) Being on the honor guard _____ b.) Running for office _____ c.) Newspaper staff _____
d.) Playing in the band _____ e.) Intramural sports _____ f.) Other _____

PARENT/GUARDIAN CONSENT, PERMISSION AND RELEASE STATEMENT

In consideration of instruction and training to be given to _____ (son's name) as a citizen of The American Legion, Department of Pennsylvania Keystone Boys State (KBS) to be held June 20-26, 2010 at Shippensburg University, I hereby give consent for him to participate fully in all planned activities, as well as participation in a field trip to Harrisburg scheduled as part of the program. We release and discharge The American Legion, Department of Pennsylvania, and/or KBS, its officers, staff and counselors from any and all claims, demand, damages, suits, actions, or causes of action which we may, can or shall have by _____ (son's name) while in attendance at Keystone Boys State, no matter how caused or occasioned, including travel to and from home to Shippensburg, PA. It is further understood that said son does not require individual, medical or special attention and that he will participate in all phases of the program. I also give permission for him to be photographed during participation in KBS. I understand the photos will be used to promote the program in future years.

Parent / Guardian Signature

Date

FOR OFFICIAL USE ONLY	
Check #	_____
From	_____
Received	_____

KEYSTONE BOYS STATE



Parent/Guardian Name/Address _____

Sponsoring Post/Organization _____ Post _____ District _____

Post/Org. Contact Person _____ Phone () _____

Hometown Newspaper/Address/Telephone _____

Applying for Samsung Scholarship (Yes or No) (Circle one) Applications not submitted with KBS application must be turned in at registration.

Citizen Agreement

I, _____, am making application to attend KBS to enhance my education and to further prepare me for life. I understand KBS is not a camp, but rather an educational process. I make this application of my own free will and will abide by all rules and guidelines of KBS. I understand that The American Legion and/or another sponsor will have paid for my attendance and the money is not refundable. If I am unable to attend I will notify the sponsor as far in advance as possible.

Signature of Citizen _____

Date _____

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*LEGION POSTS PLEASE MAIL **COMPLETED** APPLICATION AND CHECK FOR TUITION FEE IN THE AMOUNT OF \$150 (made payable to PA American Legion) TO:*

*Pennsylvania American Legion
ATTN: KBS
PO Box 2324
Harrisburg PA 17105*

KBS Citizen will receive receipt of application and welcome packet from KBS Staff. If either is not received please call Legion Headquarters at (717) – 730-9100.

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Home Phone: () _____ Business Phone: () _____ Cell Phone() _____

Personal Physician: _____ Phone No: _____

KEYSTONE BOYS STATE



PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that we (I), the undersigned parent (s) or guardians (s) of _____ do, 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.

Signature and printed name of Father or Guardian

Signature and printed name of Mother or Guardian

Street

City

State and Zip Code

EMERGENCY MEDICAL INFORMATION

Date of last Tetanus Immunization: _____

- () Allergy to a medicine, food, plant or insect bites () Epilepsy () Lung Trouble () Hepatitis () Asthma () Convulsions
- () Heart trouble () Diabetes () Fainting Spells () Bleeding Disorders () Other

Explain _____

Does citizen take medicine daily or have special care? () No () Yes

If yes, please explain and list all prescription drugs:

EMERGENCY MEDICAL CONTACTS

Name: _____ Relationship: _____

Home Phone: (_____) _____ Business Phone: (_____) _____ Cell Phone(_____) _____

Personal Physician: _____ Phone No: _____