American Legion Auxiliary
LAUREL GIRLS STATE
Unit/Post Consent Form

THIS APPLICATION IS NOT CONSIDERED COMPLETE WITHOUT ALL NECESSARY ATTACHMENTS.

Applications are due to the ALA LGS Committee no later than June 1, 2026

Sponsoring Unit

Unit Name:	
Authorized by (*please print***):**	
Email:	**Phone:**
Address	
Signature	

This section to be completed by American Legion/ American Legion Auxiliary

Delegate's Information

Applicant Must be a US Citizen

Delegate's Name		
Last	*First*	*M.I.*

Mailing Directions/ Deadline

THIS APPLICATION MUST BE COMPLETED, SIGNED, AND TUITION PAID BY JUNE 1, 2026
(Tuition is paid by a sponsoring ALA Unit - **There is no cost to participants**)

Please Mail to:

AMERICAN LEGION AUXILIARY
ATTN: ALA LAUREL GIRLS STATE
P.0 BOX 266
ROCKY HILL, CT 06067-026

Complete applications (including Medical forms) can also be emailed to:
alalgsofficial@gmail.com
as ONE documnet.

Attachments:

- ☐ Guidance Form
- ☐ Waiver and Indemification
- ☐ Medical Form
- ☐ Letter of Intent
- ☐ Media Release

American Legion Auxiliary
LAUREL GIRLS STATE
2026

Applications are due to the ALA LGS Committee no later than June 1,

Guidance Department

Name of School
Educator's Name:

Email:	**Phone:**

Address

As a Guidance Councelor of the above-named school, I reccommend

_____, a member of the Junior
Delegate's Name

class, as a representative to the Americal Legion Auxiliary Laurel Girls State. I believe that they are a responsible citizen who has demonstrated leadership, good academics, and an interest in government.

Signature	**Date:**

Alternate Delegate

An Alternate should be selected by the school in case the Applicant cannot attend the entire week. In this event. please notify the Chairman/Director @ ALALGSOfficial@gmail.com by June 15th. The Alternate will then be notified as soon as possible so that they may be prepared to attend the entire week

Applicant Must be a US Citizen

Name	*Last*	*First*	*M.I.*

Email:	**Phone:**

Address

American Legion Auxiliary
LAUREL GIRLS STATE

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Waiver/ Indemnification

I, the undersigned parent or guardian

of_____ for a valuable consideration,
Delegate's Name

waive and agree to be responsible for and to indemnification and save harmless, the American Legion Auxiliary . Department of Connecticut, Inc. and all its subsidiary organizations thereof, Post University, the organization known as American Legion Auxiliary Laurel Girls State, Inc., and all of their agents, representatives, assistants and servants, from any and all claims, damages, or cause of action arising out of injuries which may be received by my daughter or ward while at The University of New Haven in West Haven, June 27 through July 2 or on the way thereto or therefrom

Signature: _____ Date: _____

Consent to Medical Treatment and Hospital Services

This is to certify that I, the undersigned parent or guardian of

_____, in the event that my child
Delegate's Name

becomes a participating member of the American Legion Auxiliary Laurel Girls State, consent and grant permission, should the necessity of medical care arise, as recommended by a qualified attending physician, including administration of an anesthetic, lab procedures, medical or surgical treatment, X-ray examination, or other hospital services

Dated this _____ of _____

_____
Signature of Parent/Guardian

Address:		
Town/City	*State*	*Zip Code*

IMPORTANT: *ALL DELEGATES AND COUNCELORS ARE INSURED BY AMERICAN LEGION AUXILIARY AND EVERY PRECAUTION IS TAKEN TO AVOID SICKNESS AND ACCIDENTS. (THIS DOES NOT INCLUDE TRANSPORTATION TO AND FROM LAUREL GIRLS STATE.)*

American Legion Auxiliary
LAUREL GIRLS STATE

Applications are due to the ALA LGS Committee no later than June 1, 2026

Letter of Intent for Girls State

Dear Delegate and Parents/Guardians,
It is critical for you to understand how important your selection to the American Legion Auxiliary Laurel Girls State program is. The program at ALA Laurel Girls State is intense and is planned to fill the entire week with speakers, elections, bill writing, and debate. This means you must be present the entire week.

This agreement to attend ALA Laurel Girls State the entire week must be signed by the delegate and their parents/guardians. There must be no misunderstanding about missing an hour or two for various reasons. We have structured this program so that missing any period of time is critical.

Sincerely
The ALA Laurel Girl's State Committee

Delegate's Acknowledgement

I agree to spend the ENTIRE week (June 27 through July 2) at ALA Laurel Girls State

Signature	**Date:**

Parent/ Guardian Acknowledgement

I agree my child/student will spend the ENTIRE week (June 27 through July 2) at ALA Laurel Girls State

Signature	**Date:**

American Legion Auxiliary
LAUREL GIRLS STATE

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Photography/Media Release Policy

American Legion Auxiliary Department of Connecticut and Laurel Girl's State periodically uses internal and external publications and video productions as a tool for positive communication. Individuals and groups of delegates may be showcased through the posting of writing, multimedia projects, photographs, videos, voice recordings, and the listing of delegates' accomplishments in the media, on official social media platforms, in the American Legion Auxiliary's communications systems, and by others with the Department's permission.

Parent/Guardian Media Release Permissions

_____ **Yes:** I give my permission for my Child's image, voice and achievements to be included in American Legion Auxiliary Laurel Girls States communication efforts and by others with ALALGS permission.

_____**No**: I do not give my permission for my child's image, voice and achievements to be included in any communication or publication.

Parent/Guardian Name: (Please print) _____

Delegate's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

American Legion Auxiliary
LAUREL GIRLS STATE
Medical Form

Applications are due to the ALA LGS Committee no later than June 1, 2026

Delegate's Demographic Information

Delegate's Name			
	Last	*First*	*M.I.*
Date of Birth			
	Month	*Day*	*Year*
Address			
	Town/City	*State*	*Zip Code*
Parent/Guardian:			
Home Phone		**Emergency Number**	

TO BE COMPLETED BY A LICENCED PHYSICIAN

List any known allergies: (Medications, food, bee stings, poison ivy, etc)

_____

_____

_____

_____

List any medications taken currently

Name of Medication	Dosage	Prescribed for

List any Physical Restrictions

_____

_____

American Legion Auxiliary

LAUREL GIRLS STATE

Medical Form pg 2

MEDICAL HISTORY	Circle Y/N	if Yes, please list any medications taken
Any recent injury, illness, or disease?	Y / N	
a chronic or recurring illness?	Y / N	
Wear eyeglasses or contacts?	Y / N	
Ever had seizures?	Y / N	
Ever had high blood pressure?	Y / N	
Have diabetes?	Y / N	
Abnormal Menstrual?	Y / N	
Have a heart murmur?	Y / N	
Have Asthma?	Y / N	
History of bedwetting?	Y / N	
Had back Problems?	Y / N	

ALL VACCINATIONS ARE CURRENT AND COMPLETE ACCORDING TO ALL STATE REGULATIONS: **Y / N**

Date of last Tetanus shot: _____

Physical Examination

Height		Weight	
Eyes		Ears	
Nose		Throat	
Heart			

Tuberculin Test: _____ **Are they a sleepwalker?** Y / N

American Legion Auxiliary
LAUREL GIRLS STATE

Medical Form pg 3

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Physician's Certification

Date of Exam		
Month	*Day*	*Year*

Physician's Signature

License Number	**State Issued:**

Practice's Address:

Town/City	*State*	*Zip Code*

Phone Number

THIS EXAM MUST BE WITHIN 1 YEAR OF JUNE 20, 2026

ALL MEDICAL FORMS WILL BE DUE JUNE 13, 2026.

THE DELEGATE AND THEIR PARENTS OR GUARDIAN ARE RESPONSIBLE FOR INSURING THAT THE RECORDS ARE PROVIDED ACCURATELY AND COMPLETELY.

Mailing Directions

All Medical forms must be sealed in an envelope and mailed to:

AMERICAN LEGION AUXILIARY
ATTN: ALA LAUREL GIRLS STATE
P.0 BOX 266
ROCKY HILL, CT 06067-026

Complete and signed medical forms can also be emailed to:
alalgsofficial@gmail.com
if prefered