



Flickertail Girls State, Inc.

American Legion Auxiliary • Department of North Dakota
NDGirlsState@gmail.com • 701-314-2460
www.NDGirlsState.org

2024 Application Form

Application Deadline - May 15, 2024

Section 1: Applicant Information

Name of Applicant:

Address:

City:

State:

Zip Code:

Phone:

Birthdate:

Name on Nametag:

Email Address:

T-Shirt Size: Small Medium Large XL 2XL 3XL

Name of Parent/Guardian:

Parent/Guardian Address:

City:

State:

Zip Code:

Parent/Guardian Phone:

Parent/Guardian Email address:

Name & Location of high school:

Participants may receive high school credit for attending ALA Girls State. Please list the information for the person in the high school or school district who should receive the credit documentation:

Name:

Mailing Address:

City/State/Zip:

Email:

Yes No Do you have any dietary, religious or cultural requests? If Yes, please explain.

Yes No Are you a US Citizen or legal inhabitant of the United States as evidenced by a current and/or valid birth certificate, visa, passport, Green Card or other United States government-issued documentation verifying a legal presence in the United States for at least the duration of the ALA Girls State program?

Please note, two Junior girls are selected from the group of Girls State participants to become ALA Girls Nation Senators. To be eligible to participate in the Girls Nation program, girls must be able to clear a background check by the US government, the White House, and the US Secret Service. This documentation must be provided to ALA Girls Nation in order for her to be eligible to participate in ALA Girls Nation, with all expenses incurred up to that point becoming a responsibility of the parent/guardian.

Yes No Are you a high school girl who has completed the Junior year of high school and have at least one semester of high school remaining?

Yes No Are you a member of the American Legion Auxiliary?

Yes No Samsung Scholarship Eligibility: Are you a direct descendant (child, grandchild, great grandchild, or legally adopted child) of a US wartime veteran? If yes, you *may* be eligible for the Samsung scholarship. Visit <http://ndgirlsstate.org/scholarships> for more information.



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Section 2: Parent/Guardian Consent

Please initial:

_____ I consent that, should the need arise, medical care may be provided by a licensed medical professional to my daughter as follows:

- Permission is hereby granted to provide emergency medical treatment and hospital services as ordered or recommended by a qualified attending physician.
- In the event of an emergency and I cannot be reached, permission is granted to seek emergency medical care rendered by a licensed medical professional including the administration of an anesthetic, X-ray examination, laboratory procedures, medical or surgical treatment, or other hospital services.
- Based on my daughter’s medical history and medication regimen, permission is granted for my daughter and the American Legion Auxiliary Girls State Director to develop a medication administration plan(s) to be administered during the program.
- Permission is granted to American Legion Auxiliary Girls State to administer First Aid including the use of bandages and minor medical care.

_____ I understand that ALA Girls State by nature is strenuous, both physically and emotionally, and attest that the applicant can adequately cope under these conditions.

_____ The undersigned parent/guardian of the applicant hereby consents to her participation in American Legion Auxiliary Flickertail Girls State at Grand Forks, ND June 9-14, 2024 and does hereby release and discharge the University of North Dakota, American Legion Auxiliary Department of ND, and Flickertail Girls State, Inc., its officers, agents, instructors, and employees from any and all claim for any cause which may arise during the session, or in connection with travel to and from said ALA Flickertail Girls State.

_____ The undersigned parent/guardian and the ALA Flickertail Girls State participant expressly grant permission to the American Legion Auxiliary Department of ND and Flickertail Girls State Inc. to use the image of likeness of the above participant in connection with advertising or marketing this program.

By signing below, I hereby certify that the information included in the application form is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Section 3: Sponsor Information & Registration Fee

Girls State participants: Each participant needs to be sponsored by an American Legion Auxiliary unit in order to attend ALA Girls State. If you have a unit ready to sponsor you, submit this form to them. If you need help finding a unit to sponsor you, please contact ND ALA Girls State at 701-314-2460 or by emailing ndgirlsstate@gmail.com.

ALA Units, send this application with the registration fee by **May 15th, 2024** to:

Chilly Goodman
1599 S 38th St
Grand Forks, ND 58201

The registration fee is **\$325** per person. Make checks payable to *ALA Flickertail Girls State*. **Deadline is May 15th, 2024.**

Unit #: _____ City: _____

Unit ALA Girls State Chairman: _____

Chairman Phone Number: _____



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Section 4: Applicant Health Information

No girl will be accepted without the Medical Health Information section filled out and signed by the Parent/Guardian and signed by the physician giving the physical. **Sports Physicals will be accepted. Attach a copy.**

Name of Applicant:

Please indicate any presence of the following, either currently or in the past:

- Diabetes, Epilepsy, Asthma, Ulcer, Hepatitis, Spastic colon, Allergy, Heart trouble, Lung trouble, Skin rash, Sore throat, Athlete's foot, Vision difficulty, Drug problem, Ear or sinus trouble, Mental health concern, Significant allergies (please list):, Other (please list):

Yes/No Is the applicant currently under a doctor's care? If yes, for what?

ALA Girls State by nature is strenuous, both physically and emotionally; the ability to cope adequately in these conditions should be considered before attending. In order for Girls State staff to better care for the participant during the week, please share any past or current mental, physical or emotional concerns that you may have, including any recommendations and restrictions:

Medications

- Yes/No Is the applicant currently taking (or will be taking) any prescription medications during Girls State? If yes, list drug, dosage, and frequency below.
Yes/No Is the applicant currently taking over-the-counter medications? If so, list drug, dosage, frequency, and for what reason below.
Yes/No Can medications be self-administered? If no, please explain below.

Explanation:

Vaccination Dates

Rubeola: Rubella: Tetanus:

Medical Insurance Information (optional)

Policy Number:
Insurance Co. Address:

I certify that I have examined the above named applicant and find she is in good condition and has no contagious or infectious disease symptoms on this date.

Physician's Signature: Date:

Phone Number:

Parent/Guardian Signature: Date: