Flickertail Girls State, Inc.
American Legion Auxiliary • Department of North Dakota
NDGirlsState@gmail.com • (701)213-3908
www.NDGirlsState.org

2027 Application Form

Application Deadline – May 15, 2027

ndgirlsstate.org/registration/
Prefer to apply online?
Scan here!

Applicant Information

Name of Applicant:
Address:

City: State: Zip Code:

Phone: Birthdate:

Name on Nametag: Email:

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 and 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 would receive the credit documentation:
Name:

Mailing address:

City/State/Zip:

○ 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?

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○ 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 descendent (child, grandchild, great-grandchild, or legally adopted child) of a US wartime veterans: If yes, you may be eligible for the Samsung Scholarship. Visit: **http://ndgirlsstate.org/scholarships** for more information.

Please Note: Two Junior girls are selected from the group of Girls State participants to become ALA Girls Nation Senators. These senators must be residents of North Dakota. To be eligible 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.

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 15, 2025** to:

American Legion Auxiliary
Flickertail Girls State
1801 23rd Ave N., Rm 113
Fargo, ND 58102-1047

The registration fee is **$325** per person**.** Make checks payable to ***ALA Flickertail Girls State***.
Deadline is ***May 15, 2027***

Unit #: City:

Unit ALA Girls State Chairman:

Unit Chairman Phone Number:

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2027 Medical Information Form
Submission Deadline – May 15, 2027

No girls will be accepted without the Medical Health form completed and signed by the Parent/Guardian and signed by the physician giving the physical.
Sports Physical will be accepted. Attach a copy.

Name of Applicant: _____

Date of Birth: _____

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:

American Legion Auxiliary 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:

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Medications:

⚪ Yes ⚪ No Is the applicant currently taking (Or will be taking) any prescriptions medications during Girls Sate: 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 medication be self-administered: if no, please explain below.

Explanation:

Vaccination Dates

Rubeola: _____ Rubella: _____ Tetanus: _____

Medical Insurance Information: 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: Phone Number: Date:

_____ _____ _____

Parent/Guardian Signature: Date:

_____ _____

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2027 Parental Consent Form
Submission Deadline – May 15, 2027

○ Yes

I consent that, should the need arise, medical care may be provided by a licensed medical profession 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 profession 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.

○ Yes

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

○ Yes

The undersigned parent/guardian of the applicant hereby consents to her participation in American Legion Auxiliary Flickertail Girls State at Grand Forks, ND June 10-14, 2024 and does hereby release and discharge. The University of North Dakota, American Legion Auxiliary Department of North Dakota, 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.

○ Yes

The undersigned parent/guardian and the ALA Flickertail Girls State participant expressly grant permission to the American Legion Auxiliary Department of North Dakota and Flickertail Girls State, Inc. to use the image 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: _____