



American Legion Auxiliary  
Department of Idaho  
Idaho Syringa Girls State, Inc.

## 2016 Delegate Registration Checklist

Dear Girls State Candidate:

It is very important that you, your parents/guardians, and American Legion Auxiliary Unit chairman complete this packet before you submit your application. Make sure all the requested information is included.

### Page 1            Registration

- Delegate contact information (including current email).
- Emergency information.
- American Legion Auxiliary member & eligibility.
- Delegate signature.

### Page 2            Biography

- Help us know you better by answering all the questions.
- Staple two photos of yourself.

### Page 3            Parents/ Guardian Release

- Did your parents/ guardian read and sign the release form?

### Page 4            Transportation

- Did you indicate your arrival and departure information?
- Did your parents/ guardian read and sign?

### Page 5            Cancellation Policy, Media Release, Compliance of Rules

- Did your parents/ guardian read and initial (4 locations)?
- Did you AND your parents/ guardian read and sign?

### Page 6            Health History

- Fill in all the blanks, if it doesn't apply, mark NA (for not applicable).

### Page 7            Medications

- Complete all information. Did your parents/ guardian sign in two places?

### Page 8            Release and Insurance Information

- Did your parents/ guardian sign the release and provide insurance information?

### Page 9            Talent

- Tell us about your talent.

DO NOT SEND THIS PAGE WITH YOUR APPLICATION



American Legion Auxiliary  
 Department of Idaho  
 Idaho Syringa Girls State

## Delegate Registration

Delegate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, Idaho Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

High School: \_\_\_\_\_

In case of emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

If yes, list Unit \_\_\_\_\_

Are you eligible for membership in the American Legion Auxiliary? Yes  No

See eligibility information on page 11.

I, the undersigned, in consideration of the acceptance of this application and the training benefits to be derived by me as a citizen of American Legion Auxiliary Idaho Syringa Girls State, do hereby agree to be in attendance the **entire session** (extreme emergency excepted) to conduct myself according to the rules and regulations established for the governing of ALA Idaho Syringa Girls State, which is sponsored and conducted by the American Legion Auxiliary, Department of Idaho. **I do not have any applications pending nor will schedule any program that will affect my attendance at Girls State.**

Signature of Delegate: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Chairman fill out the box below:**

For Office Use Only:	
Date Received: _____	Check No. _____
Paid By: _____	Late Fee: _____
Transport: _____	City _____
Bus No: _____	ID: _____

Unit Chairman Contact Info: Unit: _____
Name: _____
Address: _____
City, State Zip: _____
Email: _____
Phone: _____

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

## Delegate Bio

High School Activities: Positions held, scholastic and other achievements:

FFA       4-H       Girl Scouts       Debate       Yearbook

Class Officer & Year

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Sports:

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Clubs:

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Community Service:

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What are your immediate and long-term goals?

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Insert a picture  
of yourself here

Staple only!

Insert a picture  
of yourself here

Staple only!

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

**By checking this box you acknowledge that you have gone to [www.idahogirlsstate.com](http://www.idahogirlsstate.com) and read all the Rules, and Daily Dress Requirements.**

**To the Parents and/or Guardian of Girls State Delegates**

The American Legion Auxiliary Idaho Syringa Girls State Program sponsored by the Department of Idaho ALA looks forward to the privilege of registering your daughter as a citizen of ALA Idaho Syringa Girls State, which will be held on the campus of Northwest Nazarene University, Nampa, Idaho on June 12-17, 2016. The ALA Idaho Syringa Girls State program objective is to instill into our youth knowledge of our government that will properly prepare them to assume the duties of citizenship when they become of legal age.

A competent group of adult leaders will supervise the entire session and every reasonable precaution for the health and safety of each Girls State Citizen will be taken. The ALA Idaho Syringa Girls State Board carries an insurance policy that will be explained in a letter with the Girls State information sent to your daughter in May. Generally, this insurance policy will not cover injuries suffered by any Girls State citizens as a result of her own willful conduct, or while she is absent from the session without leave, or suffered while she is engaged in any action which is in direct violation of the rules and regulations adopted by the ALA Idaho Syringa Girls State Board for the safety and proper function of Girls State. This summary of the insurance policy is informational only; its specific coverage terms prevail over any statements made by ALA Idaho Syringa Girls State. The ALA Idaho Syringa Girls State Program and/or the American Legion Auxiliary will not be responsible for any illnesses, dental or loss of eyewear. To further stress the importance of health and safety upon your daughter and as a reasonable safeguard to the ALA Idaho Syringa Girls State Program and American Legion Auxiliary, you are asked to sign the following release:

**FULL RELEASE OF ALL CLAIMS**

In consideration of the training, education, and benefits derived by my daughter, I do hereby expressly waive any and all claims or causes of action which I may or might have against the ALA Idaho Syringa Girls State Program and/or the American Legion Auxiliary, Department of Idaho, or any of their officers, directors, counselors, staff and representatives on account of any accident or injury or other damage that may be incurred by my daughter in connection with or incident to any activities whatsoever in relation to said organization or its representatives. The ALA Idaho Syringa Girls State and/or the American Legion Auxiliary does not assume liability for any girl while she is attending Girls State.

\_\_\_\_\_  
Print Name of Parents/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents/Guardian

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

## Transportation and Release Form

Chartered buses will be provided for those delegates living more than 100 miles from the Boise area. The time and places for departure and arrival of the buses will be provided approximately 2 weeks before the Girls State Session. Please note the Girls State Session begins on Sunday, June 12, 2016 and ends on Friday evening (approximately 11:00pm), June 17, 2016 after the Inauguration Ceremony. Therefore, many girls will board or disembark from the bus in the early/ late hours of the morning/night. It is the parent's/guardian's (or designated person) responsibility to be at the designated pick-up/drop-off station at the approximate time of the buses arrival. We suggest they arrive at least 15 minutes early. Parents/Guardians who will be at the Inauguration Ceremony on Friday night may take their daughter home with them, provided the Girls State Session Coordinator has been notified prior to June 1, 2016. Please notify her by email at [idahogirlsstate@msn.com](mailto:idahogirlsstate@msn.com).

Delegates who live within 100 miles of Boise are responsible for arranging their own transportation to and from the session. Delegates are **NOT** allowed to drive themselves to Girls State and/or NNU.

**Private vehicle arrival:** List below the individuals authorized to pick up your daughter. A photo ID will be required to pick up a delegate. If the individual picking up the delegate is not listed below, or the Girls State Session Coordinator has not received written notice from the parent allowing the delegate to leave with the individual, the delegate will **NOT** be allowed to leave with said individual.

My daughter will be arriving by: **(please check one)**

Charter bus

Dropped off by: \_\_\_\_\_

My daughter will be returning home by: **(please check one)**

Charter bus

Picked up at NNU by (Please list those authorized to pick up delegate and phone number):

\_\_\_\_\_  
\_\_\_\_\_

List those **NOT** authorized to pick up delegate: \_\_\_\_\_

I am aware that I am responsible for my daughter before and after she boards or disembarks from the bus to and from Northwest Nazarene University and relieve ALA Idaho Syringa Girls State and the American Legion Auxiliary of all liability. I relieve ALA Idaho Syringa Girls State and the American Legion Auxiliary of all liability to and from Northwest Nazarene University, the State Capitol Building in Boise, and the Idaho State Veteran's Cemetery. I also relieve all liability if my daughter receives a Gubernatorial Appointment and is transported by state or private vehicle from the Capitol Building to the governmental office/location.

\_\_\_\_\_  
Print Name of Parents/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents/Guardian

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

## Cancellation & Refund Policy

If your daughter is unable to attend ALA Idaho Syringa Girls State, she is required to notify the sponsoring American Legion Auxiliary Unit President and/or Girls State Session Coordinator by **May 15, 2016**. Failure to do so will result in **YOU REIMBURSING** the expenses incurred by the sponsoring American Legion Auxiliary Unit, up to and including \$375.00. All cancellations regardless of funding source or reason are subject to a minimum one-hundred dollar (\$100.00) non-refundable portion of the delegate fees due to program costs already incurred. \_\_\_\_\_ **Parent Initial**

### Compliance of Rules:

In consideration of the training, education and benefits to be derived by me as a citizen of the American Legion Auxiliary, Idaho Syringa Girls State program, I hereby agree to conduct myself appropriately at all times. My parents/guardians and I have read the Girls State Rules enclosed herewith, and I agree to abide by, conform to, and obey the rules and regulations established for and governing the American Legion Auxiliary Idaho Syringa Girls State program. \_\_\_\_\_ **Parent Initial** \_\_\_\_\_ **Delegate Initial**

### Media Release:

I hereby give my permission to the American Legion Auxiliary Idaho Syringa Girls State program to use my daughter's name, city, school, state and picture(s) individual and in groups, in news releases for radio, newspaper, television and on the Department (Post/Unit) Web site, including social media web sites regarding (Delegate's Name) \_\_\_\_\_ attendance and participation in the Girls State Program. \_\_\_\_\_ **Parent Initial**

By signing below, we agree to the above policies and procedures.

\_\_\_\_\_  
Printed Name of Delegate

\_\_\_\_\_  
Delegate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

**Health Information**

\_\_\_\_\_  
(Name of Delegate) (Age)

\_\_\_\_\_  
(Address) (City) (Zip Code)

\_\_\_\_\_  
(Name of Parent/Guardian responsible for delegate's medical care) (Home Phone) (Work Phone)

\_\_\_\_\_  
(Family Physician) (Phone #)

**HEALTH HISTORY—TO BE COMPLETED BY PARENT OR GUARDIAN**

**IS YOUR DAUGHTER IN GENERALLY GOOD HEALTH?**

\_\_\_\_\_

**Basic Health History:**

- Frequent ear infections
- Heart defect
- Hypertension
- asthma
- convulsions
- migraines
- bleeding disorders
- epilepsy
- sleepwalking
- diabetes
- hyperactivity

**Allergies:**

- penicillin
- Hay fever
- Food Allergies: \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- aspirin
- bee stings

**Immunizations:** All immunizations must be up to date. Indicate dates of basic immunization or most recent booster.

\_\_\_\_\_ DPT      \_\_\_\_\_ Polio      \_\_\_\_\_ Measles

\_\_\_\_\_ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster. \_\_\_\_\_)

Is there any physical disorder that might handicap your daughter while taking part in this program? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does she have any special dietary needs? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

What medication(s) is your daughter required to take:

Medication	Taken for
_____	_____
_____	_____
_____	_____

(All medication must be in a zip lock bag, with daughter's name and in the original prescription container)

**Over the Counter Medication Permission Release Form**

We would like to have your permission to administer the following over-the-counter medications to your daughter if the need arises. We have Health Services Staff on site while your daughter is at our session. Unless instructed otherwise, they will follow the directions on the medication for dosage.  
(Please check the medications your daughter is allowed to use)

- |   |   |
|---|---|
| <input type="checkbox"/> Regular Strength Tylenol Acetaminophen | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Regular Strength Advil                 | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Regular Strength Benadryl              | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> TUMS/Chewable Antacid                  | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Pepto Bismol                           | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Robitussen DM (coughs)                 | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Imodium                                | <input type="checkbox"/> Package dosage or _____ Dosage |
| <input type="checkbox"/> Midol                                  | <input type="checkbox"/> Package dosage or _____ Dosage |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I **do not** want my child to receive any over-the-counter medications without prior permission from me.

\_\_\_\_\_  
Print Name of Parents/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents/Guardian

Is there anything further we should know that would help in caring for your daughter? \_\_\_\_\_

Please note, if your daughter has a pre-existing illness, or becomes ill during the Session, and is unable to attend any portion of the Session, she will be sent home at her own cost.

I, the parent/guardian of the above named applicant, do hereby certify that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Required signature of Parent/Guardian

\_\_\_\_\_  
Date



Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

## Liability Release

I, the undersigned parent/guardian do hereby authorize the American Legion Auxiliary Idaho Syringa Girls State Program to secure any necessary medical care needed for my daughter should the need arise due to any disability or accident during her stay at ALA Idaho Syringa Girls State. The Chairman and/or director are authorized to facilitate emergency medical care when attempts to reach the authorized adults are not successful.

We also release the Idaho Syringa Girls State Corporation and the American Legion Auxiliary Department of Idaho from any liability in connection with the treatment or aid rendered to my daughter by any physician, hospital or clinic.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Required signature of Parent/Guardian**

### HEALTH AND ACCIDENT INSURANCE INFORMATION

The following information concerning health and accident insurance held by the parent/guardian is necessary to facilitate care and treatment of the delegate in case of emergency:

Name of Insurance

Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Policy or certificate number: \_\_\_\_\_

Name of parent/guardian employer: \_\_\_\_\_

Delegate Name: \_\_\_\_\_

American Legion Auxiliary Idaho Syringa Girls State

### Talent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

There will be several opportunities to showcase your talents. Along with a choir for Inauguration, there will be an informal talent show where a few members from your Girls State city will participate due to time limits. This is a fun-filled, relaxing event. Please bring your instruments and music. If you are a dancer, you may also bring CD music for the talent show. Please be cautious bringing expensive instruments.

Please circle all that apply:

Voice          Dance          Instrument: \_\_\_\_\_

Do you need an accompanist?          Yes          No

Are you highly skilled as a pianist and can accompany the choir?          Yes          No

Are you highly skilled as a pianist and have your own piano music that you can play as background music at Inauguration?          Yes          No

Do you play the drums?          Yes          No

We need two drummers! We have our own drums and sticks, but you may bring your own drumsticks!

Do you know sign language?          Yes          No



American Legion Auxiliary  
Department of Idaho  
Idaho Syringa Girls State

## Informational Packet

The following information (Pages 10-15) is  
**Not** to be returned – it is for you to keep.

In May you will receive additional information via email  
regarding the Girls State Session.

# American Legion Auxiliary

Serving veterans, active-duty military, and their families

In the spirit of service, not self, the mission of the American Legion Auxiliary is to support The American Legion and to honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad. For God and Country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

## **You can join the American Legion Auxiliary if you are:**

- The mother, wife, sister, daughter, granddaughter, great-granddaughter, or grandmother of a current member of the American Legion.
- A female veteran who served during any of the conflicts lists below
- A member of the American Legion
- The mother, wife, sister, daughter, granddaughter, great granddaughter, or grandmother of a deceased veteran who served during any of the conflicts listed below.
- Eligibility also applies to step-relatives.

## **Eligibility Dates**

World War I: April 6, 1917-November 11, 1918

World War II: December 7, 1941-December 31, 1946

Merchant Marines: December 4, 1941 to August 15, 1945 only

Korean War: June 25, 1950-January 31, 1955

Vietnam War: December 22, 1961-May 7, 1975

Grenada/Lebanon: August 24, 1982-July 31, 1984

Panama: December 20, 1989-January 31, 1990

Persian Gulf War: August 2, 1990 to the date of cessation of hostilities as determined by the Government of the United States.

# Girls State Rules

1. Upon her arrival at Girls State, no citizen shall be permitted to leave the campus of Northwest Nazarene University except as follows:
  - On organized group trips under the leadership of Girls State Staff.
  - In case of emergency.
  - Upon State Business and then only with a written permit signed by the Director and the Citizen's counselor.
2. No citizens are permitted outside their dorm after the City Meetings. In case of an emergency, she shall notify her counselor immediately.
3. As a guest of the University, citizens shall observe all campus and equipment rules, and respect university property.
4. Each citizen is responsible for the neatness of her room and shall have it ready for inspection each morning. Evidence of her occupancy shall be disposed of before vacating her room on the final day of the session.
5. Every citizen is expected to attend all sessions, all committee meetings and all ceremonies of the ALA Idaho Syringa Girls State program, including Flag Raising and Flag Retreat. Marching to and from the Flag Ceremonies shall be performed in a quiet and orderly manner.
6. Every citizen will pay proper respect to the Flag.
7. Girls State materials shall be taken to all sessions.
8. Prayers and Grace are offered on a voluntary basis. Each citizen shall be respectful to those who choose to offer Prayer and Grace.
9. Each citizen shall write a letter of appreciation to her sponsoring Unit and Contributors.
10. Each citizen must report any illness or injury to her counselor immediately.
11. Proper respect and courtesy shall be shown at all times to the special guests of Girls State, Girls State Director, Counselors and Staff.
12. Cell phones may be used as cameras during the day. Texting, calling and charging are only allowed at night after all activities are completed. Cell phones may be confiscated if these rules are broken.
13. Syringa Girls State delegates are encouraged to make uplifting, positive posts to their personal social media sites, including Facebook, Blogs, Twitter and Instagram. No posting of inappropriate, derogatory or abusive language should be posted on any social media website regarding staff members, fellow citizen, or Girls State activities.
14. Absolutely **NO ALCOHOL, TOBACCO, ILLEGAL DRUGS OR NON-AUTHORIZED PRESCRIPTION DRUG** use is permitted or allowed.
15. Absolutely no boys are allowed in the dorms at any time.
16. Absolutely no harassment of any kind: sexual, sexual orientation, race or religion will be tolerated.
17. Every citizen will carry a photo ID at all times.
18. Violation of any rule of the American Legion Auxiliary Idaho Syringa Girls State Program and/or Northwest Nazarene University will result in discipline of the offending citizen up to and including immediate expulsion at the sole discretion of the Girls State Director. If any citizen is sent home, she will be responsible for the expense.

# **American Legion Auxiliary**

## **Idaho Syringa Girls State**

### **Daily Dress Requirements**

One of the highlights of Girls State is dressing to match the professionalism of the numerous civic leaders we meet and learn about throughout the week. As you know, whether you are a concerned citizen or a dignitary, your appearance reflects your level of dedication and professionalism. Thus, as a part of the learning experience, we have established the following daily dress requirements for the citizens and staff of Idaho Syringa Girls State:

#### **SUNDAY**

Travel Time to Girls State - Please wear comfortable clothing. You will have time to change.

Opening Ceremony - Dresses or Skirts.

City Meetings - Casual Clothing such as you would wear to school. No shorts please as we will be meeting together again for the Evening Assembly.

#### **MONDAY**

All Day - Dresses, skirts or dress pants and tops.

#### **TUESDAY**

All Day - Dresses, skirts or dress pants and tops.

Recreation Night - Casual clothing such as you would wear to school.

#### **WEDNESDAY**

All Day - Dresses, skirts or dress pants and tops.

#### **THURSDAY**

Capitol Day - Conservative dresses or skirts. Closed-toe shoes (no heels) at the Capitol.

Talent Night - Casual Clothing such as you would wear to school.

#### **FRIDAY**

All Day - Dresses, skirts or dress pants and tops.

Inauguration - Formal dress or Sunday dress.

Travel Time Home - Please wear comfortable clothing.

#### **REMINDERS**

Dresses, skirts, dress pants and tops should be modest and business/professional in style.

Wear comfortable shoes. We do LOTS of walking!

High-heeled shoes are not prohibited, but not recommended (trust us).

Flip flops are only to be worn during casual clothing times.