



American Legion Auxiliary
Department of Massachusetts
Massachusetts Girls State

Consent and Waiver Form

The following must be signed by a PARENT/GUARDIAN and mailed to the DIRECTOR with your registration packet by the deadline. This is mandatory; citizens will not be allowed at the program unless the waiver and consent is signed and returned BEFORE the program.

This certifies that I, _____, am the legal parent/guardian of _____, who will be attending the Massachusetts Girls State program and is under the age of 18. They will be _____ years of age at the start of the program.

I understand and confirm that participation in the ALA Massachusetts Girls State program is voluntary, and hereby consent and grant permission for the above mentioned minor to participate in all activities in conjunction with this program. I further understand that my child's participation may involve risk of injury and loss, both to person and to property. On behalf of my child, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss, or damage, in any way connected with said participation.

This will further certify that I, the undersigned, in consideration of the benefits and opportunities derived by my child, who is a participant in the American Legion Auxiliary Department of Massachusetts' Girls State program, do hereby release and discharge the American Legion Auxiliary and Stonehill College, along with their officers, agents, staff, and volunteers from any and all claims, demands, suits, and courses of action which may result in illness, injury, or accident incurred or suffered by my child while in attendance of the program, or traveling to and from the program, no matter how it was caused or occasioned.

I understand and acknowledge that neither basic accident and health insurance, or personal property insurance will be offered or provided by the American Legion Auxiliary in connection with ALA Massachusetts Girls State, and that the provision of such insurance is my/our own personal responsibility.

I do hereby certify that the information provided in this form is true and correct to the best of my/our knowledge.

Signature: _____

Dated this _____ day of _____ 20__.

INSURANCE INFORMATION
Name of Medical Insurance Provider: _____
Name to whom the policy is issued: _____
Policy or Certificate Number: _____
This information is mandatory in case medical care is needed. If not provided it could delay any medical attention needed by your child



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****MEDICAL CERTIFICATE****

Name: _____
(Name of Girls State Citizen)

Address: _____
(Street, Town/City, State, Zip)

Date of Birth: _____ Age: _____
(Mo,Day,Year)

Current State of Health (Include any existing medical conditions, allergies. Please list ALL prescriptions or OTC (ex: zyrtec, prilosec, etc) medications. In case of an emergency, we need to be able to let the medical staff know!):

I certify that I have examined the student named above and they are in good health.

Date of last exam (Must be no more than 1 year prior to program): _____

Name of Physician and Practice: _____

Physician Signature: _____ Date: _____