

# KEYSTONE BOYS STATE

June 21- June 27, 2015  
Shippensburg University  
Shippensburg, PA

Applications are handled on a first-come, first-served basis.

Opening date is February 1, 2015

DEADLINE DATE: June 1, 2015

**KBS CITIZEN: PLEASE FORWARD YOUR COMPLETED APPLICATION TO YOUR LOCAL AMERICAN LEGION POST (POST ADJUTANT) TO OBTAIN SPONSORSHIP AT LEAST ONE MONTH PRIOR. SOME POSTS VOTE ON THE SPONSORSHIP REQUESTS AT THEIR MONTHLY MEETINGS.**

Student Name \_\_\_\_\_ (hereby known as a KBS "Citizen")  
Last First Nickname MI

Address \_\_\_\_\_  
Street/Rd City State/Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Citizen's Email \_\_\_\_\_  
Confirmation letter will be emailed

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed June 2015 \_\_\_\_\_ GPA \_\_\_\_\_

Tee Shirt Size \_\_\_\_\_ PA Voting District: Senate \_\_\_\_\_ House \_\_\_\_\_ US Congressional District \_\_\_\_\_

School District \_\_\_\_\_ High School \_\_\_\_\_ Principal \_\_\_\_\_

High School Address/Website \_\_\_\_\_

Name of Teacher/Coach/Guidance Counselor/  
Principal/other person nominating you for KBS 2015 \_\_\_\_\_

Nominating Person's Email \_\_\_\_\_

Activities, Work Experience and/or Leadership Experience \_\_\_\_\_

PLEASE INDICATE YOUR INTEREST IN THE FOLLOWING WITH Yes, No, Maybe

At KBS are you interested in a.) Being on the honor guard \_\_\_\_\_ b.) Running for office \_\_\_\_\_ c.) Newspaper staff \_\_\_\_\_

d.) Playing in the band \_\_\_\_\_ e.) Intramural sports \_\_\_\_\_ f.) Other \_\_\_\_\_

## PARENT/GUARDIAN CONSENT, PERMISSION AND RELEASE STATEMENT

In consideration of instruction and training to be given to \_\_\_\_\_ (son's name) as a citizen of The American Legion, Department of Pennsylvania Keystone Boys State (KBS) to be held June 21-June 27, 2015 at Shippensburg University, I hereby give consent for him to participate fully in all planned activities, as well as participation in a field trip to Harrisburg scheduled as part of the program. We release and discharge The American Legion, Department of Pennsylvania, and/or KBS, its officers, staff and counselors from any and all claims, demand, damages, suits, actions, or causes of action which we may, can or shall have by \_\_\_\_\_ (son's name) while in attendance at Keystone Boys State, no matter how caused or occasioned, including travel to and from home to Shippensburg, PA. It is further understood that said son does not require individual, medical or special attention and that he will participate in all phases of the program. I also give permission for him to be photographed during participation in KBS. I understand the photos will be used to promote the program in future years.

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

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Check # \_\_\_\_\_

From \_\_\_\_\_

Received \_\_\_\_\_

# KEYSTONE BOYS STATE



Parent/Guardian Name/Address \_\_\_\_\_  
\_\_\_\_\_

Sponsoring Post/Organization \_\_\_\_\_ Post \_\_\_\_\_ District \_\_\_\_\_

Post/Org. Contact Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hometown Newspaper/Address/Telephone \_\_\_\_\_

Applying for Samsung Scholarship (Yes or No) (Circle one) Applications not submitted with KBS application must be turned in at registration.

## Citizen Agreement

I, \_\_\_\_\_, am making application to attend KBS to enhance my education and to further prepare me for life. I understand KBS is not a camp, but rather an educational process. I make this application of my own free will and will abide by all rules and guidelines of KBS. I understand that The American Legion and/or another sponsor will have paid for my attendance and the money is not refundable. If I am unable to attend I will notify the sponsor as far in advance as possible.

\_\_\_\_\_  
Signature of Citizen

\_\_\_\_\_  
Date

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*LEGION POSTS PLEASE MAIL **COMPLETED APPLICATION AND CHECK** FOR TUITION FEE IN THE AMOUNT OF \$175.00 (made payable to PA American Legion) TO:*

*Pennsylvania American Legion  
ATTN: KBS  
PO Box 2324  
Harrisburg PA 17105*

KBS Citizen will receive receipt of application and welcome packet from KBS Staff. If either is not received please call Legion Headquarters at (717) – 730-9100.

## EMERGENCY NOTIFICATION

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

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_



### PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that we (I), the undersigned parent (s) or guardians (s) of \_\_\_\_\_ do, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

\_\_\_\_\_  
Signature and printed name of Father or Guardian

\_\_\_\_\_  
Signature and printed name of Mother or Guardian

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

### EMERGENCY MEDICAL INFORMATION

Date of last Tetanus Immunization: \_\_\_\_\_

- ( ) Allergy to a medicine, food, plant or insect bites    ( ) Epilepsy    ( ) Lung Trouble    ( ) Hepatitis    ( ) Asthma    ( ) Convulsions
- ( ) Heart trouble    ( ) Diabetes    ( ) Fainting Spells    ( ) Bleeding Disorders    ( ) Other

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does citizen take medicine daily or have special care?    ( ) No    ( ) Yes

If yes, please explain and list all prescription drugs:  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY MEDICAL CONTACTS

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_