



**TO: Citizens of South Dakota American Legion Boys State**

**City Assignment:**

Congratulations on your selection to attend South Dakota American Legion Boys State. On behalf of the Boys State staff, this is to extend our congratulations and welcome you to the 76th Anniversary session of Boys State.

**Please Read the following information carefully!**

1. The enclosed Medical Statement/Claim Waiver and Release of Information; must be completed and signed by your parent or legal guardian. Also, bring the signed Resolution 16 document, and the Legion Boys State city assignment (this document). **These four documents must be present with you at registration. Please have them on your person and not in your luggage upon arrival.**
2. Study the attached 2018 American Legion Boys State Manual. You will receive a hard copy of the 2018 American Legion Boys State Manual once you sign in at Boys State.
3. Read page 5 of your Manual **carefully** so you know what items to bring with you to Boys State.
4. Report to the Camp Director between 12:00 PM and 2:30 PM, Monday, May 28th at the Barnett Center, Northern State University. The Barnett Center is located at the corner of State Street and 15th Avenue S.E. It is imperative to be on time!
5. The Samsung Scholarship application **must be completed online** at <http://www.legion.org/samsung-scholarship-application>. Boys Staters applying for the Samsung Scholarship will need to select the Register option to set up a [legion.org](http://www.legion.org) username and password. **All applications must be completed online prior to your arrival on Monday, May 28th.**
6. If, for any reason, you find you cannot attend, please notify your sponsoring American Legion Post. Also, advise the Registrar Rick MacDonald at 24195 Alkan Lane, Hermosa, SD 57744, phone 605 255-5587.
7. You will be expected to remain at American Legion Boys State for the entire week, from Monday, May 28th, until Friday, June 1st".

We are looking forward to your attendance. We are confident you will remember South Dakota Boys State as a pleasant and rewarding experience.

Gene Oproek  
Boys State Director  
American Legion Boys State of South Dakota  
605-545-7711



## **IMPORTANT NOTICE TO PARENTS**

**Keep this note in the event you need to telephone a Boys Stater DURING the week of American Legion Boys State.**

During the American Legion Boys State week, reaching members of Boys State by telephone is not easy. They are in many different locations throughout the day and evening, and there are no telephones in the rooms where they sleep. In many occasions during programs and scheduled events they are asked to turn off their cell phones.

We ask that attempts to call the boys be limited to emergencies and other unforeseen difficulties. You might consider having your Boys Stater call you at home at some pre-arranged time for routine matters.

If you need to reach a Boys Stater during the day (8:00 a.m. to 5:00 p.m.), call **605-626-3011**. The NSU campus operator will direct your call to the appropriate location where you can leave a message. (Expect some delay while we locate your boy or leave a message where he is scheduled to be next.)

If you need to reach a Boys Stater during the night (5:00 p.m. to 8:00 a.m.), please call the **Aberdeen Police Department, 605-626-7911**. The Aberdeen Police will then take appropriate steps to see that your message is relayed to the Boys Stater. Of course, this number should only be used for major emergencies.



**TO: Participants, Staff and Volunteers of SOUTH DAKOTA AMERICAN LEGION (SDAL) youth programs.**

The South Dakota American Legion at its Executive Meeting, held on February 10, 2018 in Oacoma, SD, adopted Resolution 16, passed by the National Executive Committee of the American Legion.

This resolution states that all participants in American Legion Youth Programs will pay proper respect to the American Flag of the United States, at all times, including during the National anthem. Therefore, if any participant of any South Dakota American Legion Youth Program cannot or will not live up to these expectations, the individual will be removed from the program and not be able to resume participation.

I \_\_\_\_\_ (print) have read the above statement and agree to the terms of the statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please have **parent sign** and **bring with you to Boys State Registration**

### **Release of Information**

I the undersigned, hereby give the South Dakota American Legion Boys State Corporation the unrestricted right to use, copyright, produce, publish, publicly distribute and reproduce images and audiovisual works in which my child \_\_\_\_\_ (your child's name) may be included in whole or in part, including the use of printed matter, digital images and other audiovisual works.

I make this donation in return for the promise of the Corporation to use the images and audiovisual works for its own educational and public purposes and not for commercial exploitation. I understand and authorize the distribution and publication of the same for fee or otherwise as suits the purposes of the South Dakota American Legion Boys State Corporation. I acknowledge that the Corporation will be the sole owner of all rights granted herein, and I waive my rights to inspect or approve the images and audiovisual works or their eventual use.

I hereby release, discharge and agree to hold harmless the South Dakota American Legion Boys State Corporation, its nominees or others for whom the Corporation is acting, from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said pictures, or in any processing tending toward the completion of the finished product.

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Printed name and signature of parent or guardian

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Name of Boys Stater



**AMERICAN LEGION BOYS STATE OF SOUTH DAKOTA  
HEALTH RECORD/WAIVER OF CLAIM**

**IMPORTANT:** This form must be printed & filled out completely, signed and brought by the Boys Stater when registering at American Legion Boys State of South Dakota. The person in charge of registration will ask the Boys Stater for this form.

**Do not pack this form in your luggage.**

Name \_\_\_\_\_

**First, middle initial last name (do not use nicknames)**

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

**To parent or guardian:**

Are there any physical disorders or limitations that might handicap \_\_\_\_\_ (name of Boys Stater) while taking part in The American Legion Boys State Program. \_\_\_\_\_ If "Yes" please explain on the back of this form.

**CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES**

This will certify that we the undersigned parent(s) or legal guardian of \_\_\_\_\_ (name of Boys Stater) do, in the event that our (my) son becomes a participating member of The American Legion Boys State to be held at Northern State University in Aberdeen, SD, the dates of May 28th to June 1st 2018 (inclusive), 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.

**WAIVER OF CLAIM**

This will further certify that we (I), the undersigned in consideration of the benefits to be derived by our son, in the event he is a member of The American Legion Boys State of South Dakota, to be held at Northern State University in Aberdeen, South Dakota, the dates of May 28th, 2018 — June 1st 2018(inclusive), do hereby release and discharge the American Legion, Department of South Dakota, its officer, agents; and The American Legion Boys State of South Dakota Inc., its officers and staff, of all claims, demands, damages, suits, actions of causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son while traveling to, attendance at or participation in The American Legion Boys State of South Dakota program from the time of his departure from home until his return thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Printed name and Signature of Father or Legal Guardian

\_\_\_\_\_  
Printed name and Signature of Mother or Legal Guardian

\_\_\_\_\_  
City, State and Zip Code (if different from address above)

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**(DO NOT PACK THIS FORM IN YOUR LUGGAGE)**