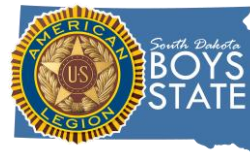


**SOUTH DAKOTA AMERICAN LEGION BOYS STATE**  
**PO BOX 67**  
**WATERTOWN, SD 57201**



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

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 80th Anniversary session of Boys State.

**Please Read the following information carefully!**

1. First, at the top of this page, you will find your Legion Boys State city assignment. The enclosed Medical Statement/Claim Waiver and Release of Information must be completed and signed by your parent or legal guardian. Also, on that same page, you will find the Resolution 16 document – please sign and bring with you. **These two 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 2023 American Legion Boys State Manual. You will receive a hard copy of the 2023 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 29th at the Johnson Fine Arts Center (JFAC), Northern State University. 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 29th.**
6. If, for any reason, you find you cannot attend, please notify your sponsoring American Legion Post. Also, advise myself.
7. You will be expected to remain at American Legion Boys State for the entire week, from Monday, May 29<sup>th</sup>, until Friday, June 2<sup>nd</sup>.
8. In case of emergency, please contact myself at the number below.

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

C.P. Van Delist  
Boys State Director  
South Dakota American Legion Boys State  
605-210-0408  
cvandelist@gmail.com

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**PO BOX 67**  
**WATERTOWN, SD 57201**



Please complete this document 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 \_\_\_\_\_ (Boys Stater 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.

\_\_\_\_\_  
Printed name and signature of parent or guardian

**Resolution 16- Respect of National Ensign**

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 \_\_\_\_\_ (Boys Stater name) have read the above statement and agree to the terms of the statement.

\_\_\_\_\_  
Boys Stater Signature

\_\_\_\_\_  
Date

**SOUTH DAKOTA AMERICAN LEGION BOYS STATE  
PO BOX 67  
WATERTOWN, SD 57201**



**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 29<sup>th</sup> – June 2<sup>nd</sup> 2023 (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 29<sup>th</sup> – June 2<sup>nd</sup> 2023 (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 \_\_\_\_\_, 2023

\_\_\_\_\_  
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)

**IMPORTANT:** This form must be printed and filled out completely, signed and brought by the Boys Stater when registering at American Legion Boys State of South Dakota.

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