



**2019 Registration Form**  
**June 8-14, 2019**  
**Eastern Illinois University**  
**"A WEEK THAT SHAPES A LIFETIME"**

- We would prefer you complete and print the online version of the registration form at [www.illinoisboysstate.org](http://www.illinoisboysstate.org). If you are unable to access the online version for any reason, please type to complete this form.
- Please make remittance of **\$300** to **The American Legion Illinois Premier Boys State**.
- This registration form is *not considered complete* unless all of the following have been included:
  - Parent/guardian must sign the application indicating agreement with the parental consent.
  - Payment must be received before registration process is considered complete.
  - The EIU Waiver of Liability and Hold Harmless Agreement on the reverse side must be signed.
- Mail form with payment to: The American Legion Illinois Boys State, PO Box 2910, Bloomington, IL 61702-2910
- Upon receipt of payment and registration form, students shall receive an acceptance letter by US Mail.
- Due to our contractual agreement with EIU, no refunds will be processed after May 25, 2019.

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ High School \_\_\_\_\_

**Sponsor Information**

Sponsor \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Sponsor Email \_\_\_\_\_

**Parent Information**

Name of Parent or Guardian \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**American Legion Illinois Boys State Medical Record (to be completed by parent or guardian)**

What allergies, if any? \_\_\_\_\_

What medications, if any? \_\_\_\_\_

Have you had a tetanus shot in the last seven years? Y N      Diabetic? Y N      Asthmatic? Y N

What conditions, if any, would prevent full participation in the program and activities of Boys State?

**Parental Consent (required)**

As a parent or court appointed guardian of the person named above, I give permission for him to participate in The American Legion Illinois Boys State. Any photographs or videos taken of my son in the course of his participation in Illinois Boys State may be used in the Illinois Boys State yearbook, newspaper, website or promotional material. In the event of his injury or sickness, I authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by EIU Health Center, Sara Bush Lincoln Health Center, or such health care provider as shall be designated by the President, Director of Counselors, Executive Director, or authorized staff member of American Legion Illinois Boys State.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and sign both pages of this form.**

**Visit us at [www.IllinoisBoysState.org](http://www.IllinoisBoysState.org)**

Eastern Illinois University  
Office of Conference Services

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This is a legally-binding *Liability Release, Waiver, Discharge, and Covenant Not to Sue* made by me, \_\_\_\_\_ (hereinafter referred to as "Participant") to THE BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY (hereinafter referred to as the "University").

Participant, as a visitor of Eastern Illinois University and the Office of Conference Services at Eastern Illinois University, acknowledges that neither the University, nor any of its employees, is responsible for any cost, damage to personal property, loss of property, bodily injury, sickness, or accidental death as a result of participation in or attendance at any conference or activity at Eastern Illinois University, while on university property, including travel to and from the area the activity is conducted. Participant agrees to indemnify and hold harmless the University, its employees, and any persons associated with the Office of Conference Services, and agrees to take full responsibility for all risks and liability associated with this conference or activity.

Participant understands that he/she must be accompanied by a staff chaperone in any residential, dining, athletic, or academic facility on the property of Eastern Illinois University. Participant has discussed all University policies with chaperones and staff involved with group and assumes complete risk of any activity done in violation of any policy or law during the duration of our conference or activity.

By signing below, participant acknowledges that he/she has read and understands the foregoing Waiver of Liability and Hold Harmless Agreement. This waiver must be included with the registration form.

Camp or Conference: American Legion Illinois Boys State

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participants Signature – Date

\_\_\_\_\_  
Guardian's Printed Name (if participant is under the age of 18)

\_\_\_\_\_  
Guardian's Signature (if participant is under the age of 18) - Date