

TO BE PRESENTED TO THE BOYS STATE REGISTRAR upon arrival at Radford University

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PHYSICAL EXAM

Examination should be made by your family physician during the current academic year (July 1st - June 30th).

Please attach a **photocopy** of your insurance card to this form.

Director
The American Legion Boys State
Radford University
Radford, Virginia

I certify that I examined _____
on _____. There is no physical condition that would prevent participation
in sports, including swimming, with the following exceptions: _____.
List activities, if any, which should be avoided: _____

Signed _____ (M.D.) Date _____

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PARENTAL CONSENT

I (we) hereby consent to the provision to my (our) son (ward) by local physician or hospital of any required treatment or surgery arising out of any emergency that may occur during his attendance at American Legion Boys State, and I (we) further authorize payment to the physician or treatment facility of the reasonable and customary charges for such treatment from my (our) medical insurance or American Legion Boys State of Virginia, Inc., the latter to be reimbursed by me (us).

To expedite any necessary hospital or medical costs, my medical insurance is with _____ and the full ID Number is _____

Date _____

Signed _____ (parent or guardian)

Signed _____ (parent or guardian)

BASIC RULES AND REGULATIONS GOVERNING PARTICIPANTS IN THE AMERICAN BOYS STATE OF VIRGINIA

1. **I will** obey all rules, regulations, and directions as established by the officials of the program.
2. **I will** respect and protect all properties and facilities at Radford University, my host for the week.
3. **I will** perform my duties as a Boys State citizen to the best of my ability and endeavor to conduct myself as a gentleman, so as to honor my parents, school, community, state, and Nation.
4. **I will** participate in all aspects and events of the program as scheduled.
5. **I will not** actively campaign for any Boys State office prior to my arrival for the program.
6. **I will not** bring or circulate campaign literature or material prepared prior to attending this program.
7. If elected to an office, **I will** agree to serve in that position to the best of my ability.
8. **I will not** leave the Radford University Campus without permission and **I will** wear my official Boys State uniform when permitted to be off campus.
9. **I will** proceed in an orderly manner when moving about the campus in groups.
10. **I will not** possess, obtain, or use firearms, fireworks, or explosives while attending the Boys State program. **I will not** possess any weapon while attending the Boys State program.
11. **I will not** obtain, possess, consume, or in any way use alcoholic beverages, unlawful drugs, or un-prescribed substances while attending the Boys State program.
12. **I will not** participate in any form of gambling while attending the Boys State program.
13. **I will not** use tobacco in any form while at Boys State.
14. **I will not** damage any property or any facility on the Radford University Campus. I understand that I will be responsible for the cost of any repairs for damages that I am deemed responsible.
15. **I will not** keep or operate an automobile or motorcycle during the week of this program. I will not ride in or on such vehicles unless authorized to do so by a Boys State counselor.
16. **I will** endeavor to arrive for the Boys State program between the hours of 12:00 noon and 3:00 PM on Sunday and remain through the completion of the program on the following Saturday. I understand that I am not to leave for any reason other than an emergency; I understand that I must secure prior approval from the Director or his designated assistant before I may withdraw from the program.

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PLEDGE

I hereby pledge that, as a citizen and participant in the Boys State program, I will adhere to all the foregoing Rules and Regulations. By my signature affixed hereto, I also acknowledge that I understand that by violation of any of these Rules and Regulations, I subject myself to dismissal from American Legion Boys State of Virginia.

Name _____

Home Address _____

Home Telephone Number _____

Date _____