GEORGIA AMERICAN LEGION FAMILY JUNIOR LEADERSHIP CAMP

APPLICATION DEADLINE IS April 10th 2024 !!!

THIS IS A 2 PAGE DOCUMENT** (with 3 Sections): **Sponsors – see *NOTE at bottom of page 3!

THIS APPLICATION MUST HAVE A CURRENT PHOTO ATTACHED

SECTION 1: TO BE COMPLETED BY **Junior SAL/ALA** AND **PARENT**(S) or **GUARDIAN**(S)

Junior SAL/ALA Name (as you want it to appear on all documents): _____

Address: _____City/State & Zip Code_____

Parent/Guardian Name: _____ Parents Cell Phone: _____

Home Phone & Family E-mail:_____ Junior Date of Birth:_____

Your personal e-mail address: _____TSHIRT SIZE_____

- *MY JUNIOR SAL /ALA MEMBERSHIP IS CUREENT FOR 2024.*
- *AMERICAN LEGION POST OR OTHER SPONSORS WILL HAVE PAID THE FEES FOR ME TO ATTEND JUNIOR SAL/ALA LEADERSHIP CAMP. THIS IS NON-REFUNDABLE. IF I AM UNABLE TO ATTEND AND AN ALTERNATE IS UNABLE TO ATTEND, FEES WILL BE FORFEITED BY THE SPONSORING AMERICAN LEGION POST/ UNIT.*
- *TO SATISFACTORILY COMPLETE THE PROGRAM, **I MUST ARRIVE BEFORE SEVEN PM ON SATURDAY** AND **STAY UNTIL AFTER GRADUATION ON THURSDAY,** UNLESS APPROVED FOR EARLY DEPARTURE BY THE PROGRAM CHAIRMAN OR THE DESIGNATED REPRESENTATIVE.*
- *I GIVE PERMISSION FOR MY PICTURE AND/OR VOICE TO BE USED IN THE PROMOTION OF THIS PROGRAM IN VIDEO, IN PRINT AND ON THE INTERNET.*
- *I AGREE TO ABIDE BY ALL RULES AND GUIDELINES OF THE AMERICAN LEGION FAMILY, JUNIOR SAL/ALA LEADERSHIP CAMP.*
- *Should injury or illness occur during activities of this event The American Legion, The Sons of The American Legion or American Legion Auxiliary and its members shall not be held responsible.*

- ***Can the applicant swim??? YES_____ NO _____***

UNIOR SAL/ala Signature:_____**Parent/Guardian Signature:**_____**Date:**_ _____

SECTION 2: **RELEASE FOR TREATMENT & INSURANCE INFORMATION** COMPLETED BY **PARENT/GUARDIAN**

GEORGIA AMERICAN LEGION FAMILY JUNIOR LEADERSHIP CAMP

- ***As the parent/guardian of _____, I release the American Legion Family Department of Georgia and Junior SAL /ALA Leadership Camp, from any responsibility connected to the conditions above.***

- ***I also authorize the Director of Junior SAL/ALA Leadership Camp or any of his designated representatives, to consent to an x-ray, examination, anesthesia, medical or surgical diagnosis or treatment (too include surgery or hospital care) to the delegate if necessary if deemed to be medically prudent by a duly licensed physician and when efforts to contact me are unsuccessful. I further consent to the examination of the minor child by a duly licensed physician without contacting me for the purpose of ascertaining whether or not any treatment or care may be required, and what, if any, activities or limitations thereon, may be appropriate of and for my child during The American Legion Family Leadership Program.***

- ***Should injury or illness occur during this event The Sons of The American Legion/American Legion, or The American Legion Auxiliary and its members shall not be held responsible.***

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian + Contact Phone #: _____/_____

Alternate Adult Contact (Name & Phone #): _____/_____

- . If the student is covered under a group plan, please furnish the following information and ***ATTACH A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD***.

Name of Insured: _____

Name of Insurance: _____ Policy #: _____

Name & Phone # of Company and Agent: _____

Are You Taking any Medications Yes No Do you have any Allergies Yes No

SECTION 3: TO BE COMPLETED BY **SPONSORING AMERICAN LEGION FAMILY**

Post/Unit/Squadron Name and Number _____

The Junior SAL/ALA membership must be current for 2024, for the application to be processed.

- ***Additionally my American Legion Post/Unit understands that it is responsible for arranging transportation to and from Junior SAL/ALA Leadership Camp.***
- ***It is also understood that a check for payment must be included with the application, before it will be processed and the Junior SAL/ALA accepted***

Name and Title of Post Official:_____ Signature: _____

Contact Phone #: _____ Contact e-mail address: _____

***NOTE: FOR SPONSORING AMERICAN LEGION FAMILY POSTS / UNITS / SQUADRONS**

- **PAGES 1 - 2 OF THIS DOCUMENT!** (*with all 3 Sections completed*)
- **CURRENT PHOTO!**
- **COPIES OF INSURANCE CARD(S)!** (*if applicable*)
- **CHECK!** (*$25.00, per Junior ; **payable to Sons of The American Legion-Detachment of Georgia** – must be with application prior to Junior being Accepted or application being processed*)

Mail Application and Payment to:

Clifford E Hall

PO Box 371

Lakeland GA 31635

508-944-0680