



**Kentucky Boys State**  
**100 Sandy Hill Court**  
**Bardstown, KY 40004**  
**502 233 4585**

**Participant Application Form**

**Please Type or Print Information – File can saved – Keep a copy for your record!**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent Names: \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Person to contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

List any honors received by you: \_\_\_\_\_

\_\_\_\_\_

List all extracurricular activities participated in (add sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What are your plans after high school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Kentucky Boys State Promise**

As a citizen of Kentucky Boys State, I voluntarily make the following promise:

I will follow the rules of Kentucky Boys State when training at the summer program. I will make every effort to be an active and engaged participant in this educational and leadership experience provided to me. I will make the most of this opportunity. If elected or appointed to an office or position, I will serve in that office to the best of my ability. I will respect other participants, KBS Staff, and property. I understand that counselors and staff are working hard for my development, and will respect their decisions, guidance, and directions. Upon graduating from KBS, I will work hard to find future participants and support the program when able to do so. I promise to make every effort to have a positive and rewarding experience.

Signed by Participant: \_\_\_\_\_

### **American Legion Post Information**

Participant Application Form must accompany the Health History Form, Data Release Form, and Enrollment Fee of \$200. Forms must be complete with all signatures and required information on every page. Please mail forms and fee to **Kentucky Boys State**, 100 Sandy Hill Court; Bardstown, KY 40004.

**Sponsoring Legion Post Number:** \_\_\_\_\_

If there is no Legion Post to sponsor post participant, then provide information on the sponsoring person, organization, or business. The Executive Director will contact participant on status of acceptance. If for any reason a participant is not selected for KBS, all monies will be returned!

## Health History Form

**To the Participant:** Completion of this form is a requirement for acceptance to attend Kentucky Boys State. All health history information is confidential and will be placed on file at the Kentucky Boys State office. Please read the form carefully, and answer all the questions. Consult your parents for complete and accurate answers. The completed Health History Form must be returned with the completed application to the KBS Office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### Medical History:

Check each box below, yes or no, and indicate year for each yes response. For any yes responses, please note if the condition still exists, give additional information and any special instructions in the comment section below the boxes. **To Parents:** The KBS Staff appreciates your input on your child so we can provide the best care while they are in our program. Medical information on conditions, medicine or special instructions is VERY important!!!

Yes	No		Year
		Measles	
		Mumps	
		Chicken Pox	
		Mononucleosis	
		Poliomyelitis	
		Anemia or Blood Disease	
		Heart Murmur	
		Heart Disease	
		Rheumatic Fever	
		High Blood Pressure	
		Clots in Veins	
		Hay Fever	
		Asthma	
		Pneumonia	

Yes	No		Year
		Tuberculosis	
		Mental Health Care	
		Meningitis	
		Convulsions or Seizures	
		Paralysis	
		Severe Headaches	
		Head Injury w/Unconsciousness	
		Stomach or Intestinal Trouble	
		Ulcer	
		Yellow Jaundice (Hepatitis)	
		Gall Bladder Trouble	
		Thyroid Disease	
		Diabetes	
		Kidney Disease	

Have you had any illnesses, injuries, hospitalizations or other medical issues not already noted?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain in comments section below.

Have you ever had surgery? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list in comment section below.

Are you allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list in comment section below.

Are you currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list in comment section below. Add information on drug, dosage, strength, and frequency.

Have you received a tetanus immunization within the last ten years? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Are you up to date on all of your immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_. If not, please seek out medical provider for updating to attend KBS.

Has participant had a sports physical? Yes \_\_\_\_\_ No \_\_\_\_\_. Please list any restrictions, limitations or physical issues in comment section below.

Is participant capable of doing normal exercise such as swimming, running, athletic activities, weights and/or sports? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain in the comment section.

**Comments Section:** \_\_\_\_\_  
\_\_\_\_\_  
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I attest that the previous information on health history is true and accurate to the best of my knowledge. I will not hold KBS legally responsible for any medical conditions at KBS.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of personal Physician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of Emergency Contact (Parent or Guardian):

Relationship to Participant: \_\_\_\_\_ Parent: \_\_\_\_\_ Guardian: \_\_\_\_\_

Phone number Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### **Certification**

I certify that all of my answers and information provided on this application are true and correct to the best of my knowledge.

**Participant:** \_\_\_\_\_ **Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Consent – For Minors Only (Under 18 years of age):** I certify that all answers are true and correct to the best of my knowledge. I hereby consent to having qualified medical personnel render to my son emergency treatment and medical and/or surgical care deemed necessary to his health and will-being. I grant permission for the hospitalization of my son when necessary for executing proper medical care.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Kentucky State Capitol Visit**

Should my child be elected one of the Kentucky Boys State Constitutional Officers (Governor, Lt. Governor, Secretary of State, Secretary of Agriculture, Attorney General, Secretary of Treasurer and State Auditor), or appointed the Adjutant General, he has permission to travel and visit the Kentucky State Capitol in Frankfort, Kentucky. If the chance for all participants to attend the Capitol visit, I also give KBS Staff permission to take my child.

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

## Photograph Release Form

Photographs, videos or other media taken during the Boys State session are used for daily newsletters, yearbook and may be posted on the Kentucky Boys State website or American Legion or Boys State/Boys Nation websites. I give permission that any photos taken may be used as Kentucky Boys State officials deemed necessary.

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

### Legal General Release of Kentucky Boys State

I agree to release Kentucky Boys State, the American Legion and all KBS Staff members for legal liability. I appreciate they are doing their best to provide a great training experience for my child, and realize that they are doing their best for the care, attention, and safety of my child. I will not pursue any legal action against any of the above listed organizations or people, will agree to make every effort to work issues out with the staff, Executive Director, and organization, along with mediation in good faith to resolve all issues.

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

If student is over the age of 18 years old: \_\_\_\_\_ **Date:** \_\_\_\_\_

