

ALMBS FORMS PACKET

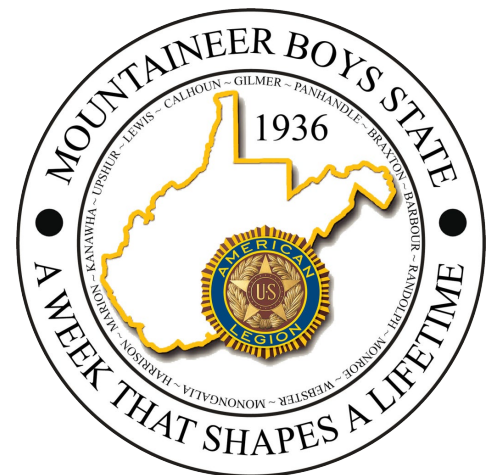
THE
AMERICAN
LEGION
MOUNTAINEER
BOYS STATE

JUNE 9 – JUNE 14
2024

This forms packet must be completed and turned in at the time of Registration which is Sunday between 8:30 a.m. and 9:30 a.m. **To avoid delay during the Registration process, please have this Forms Packet completed and ready upon your arrival for Registration.**

The following items shall be submitted at the time of Registration: *Proposed Legislation Form, Order Form, ALMBS Pledge, WVSSAC Athletic Participation/Parental Consent/Physician's Certification Form, notarized Affidavit and Consent to Treat, National Guard Waiver, and Summer Foods Household Application.*

*WEST VIRGINIA'S
PREMIER LEADERSHIP
ACADEMY*



85TH ANNUAL

A PROGRAM OF
THE AMERICAN LEGION
DEPARTMENT OF WEST VIRGINIA



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ORDER FORM

ALMBS FORMS PACKET

ORDER FORM

The ALMBS Order Form provides you with a detailed listing of the items for which you may incur a personal expense. The order form should be completed and brought with you to registration. Please make checks payable to the ALMBS.

WVSSAC ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATION FORM

Have the WVSSAC Athletic Participation/Parental Consent/Physician's Certification Form completed by an appropriate medical professional and bring it with you to the camp Registration. A physical is required to attend ALMBS.

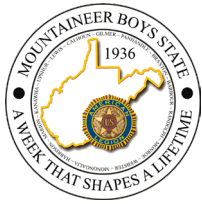
Each year across the state, many local health clinics and facilities perform free sports physicals for students who will be participating in the upcoming year's sports and band activities. WVSSAC publishes the physical form each year for use statewide on, or around May 1 of each calendar year. The provided form is from 2023. However, we would encourage you to utilize the 2024 form once published by WVSSAC or make a copy of the physical you would obtain for sports for the upcoming school year. We are providing this form primarily for those individuals who have not or will not participate in extracurricular activities that require a physical.

AFFIDAVIT AND CONSENT TO TREAT

Every precaution is taken to avoid accidents at the ALMBS. Participants who do not already have group accident-sickness medical insurance coverage are insured under a group policy that has been obtained by the ALMBS, Inc. This policy is excess coverage to any other valid and collectible group insurance plan (this exclusion does not apply to individual accident and sickness policies). Should an unforeseen need arise for this insurance program, more detailed information will be sent directly to you at that time by ALMBS. A copy of the policy is available for review upon request from the Director.

Most years the program is fortunate to have a licensed Medical Doctor and a Registered Nurse on staff to assist with any medical issues, as well as Paramedic(s) and Emergency Medical Technician(s). Additionally, on the Saturday before ALMBS begins, the ALMBS Staff is trained in Adult Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) operation, basic first aid procedures, recognition of an emergency (medical or otherwise) and the Emergency Notification and Response Plan that is utilized at the ALMBS. Certified Lifeguards staff the swimming pool during all hours of its operation.

The *Affidavit and Consent to Treat* is required in the event an emergency arises and the Citizen would need to be transported to the local medical facility. This form must be completed, notarized, and should be brought with you to Registration.



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ORDER FORM

MEDICAL CHECK-IN FORM

You are requested to complete the Medical Check-In Form and bring with you to registration. This form is utilized to track and ensure proper medications are dispensed during the appropriate times and any necessary information is provided to their camp counselor during his stay at The American Legion Mountaineer Boys State.

PROPOSED LEGISLATION

You are requested to draft and bring with you a piece or pieces of proposed legislation using the enclosed *Proposed Legislation Form*. This should be on any issue that you feel is relevant to the State of West Virginia. Generally, proposed legislation is a law, rule, regulation, policy, etc. that you would like to see enacted in West Virginia. Write out your idea(s) and what you want accomplished. You do not need to worry about proper legislative form. Your proposed legislation will be given to the ALMBS Legislature for their consideration. Legislation passed at ALMBS may be forwarded to the West Virginia Legislature for review and consideration.

SUMMER FOODS HOUSEHOLD APPLICATION

The ALMBS program is enrolled in the United States Department of Agriculture (USDA) Summer Food program administered through the West Virginia Department of Agriculture. This program allows us to provide wholesome, home cooked, locally grown foods for many of the meals throughout the week. One requirement of this grant is the collection of a *Summer Foods Application* from each participant (enclosed). Please complete the form and bring it with you to registration on Sunday between 8:30 a.m. and 9:30 a.m.

NATIONAL GUARD WAIVER

The ALMBS program is fortunate to have the West Virginia National Guard (WVNG) support our program. The WVNG typically brings a rock-climbing wall or obstacle course for the Citizens of ALMBS to participate in team character/team building exercises. The waiver must be signed by the Citizen and his parent(s)/guardian(s) to participate. Please complete the form and bring it with you to registration on Sunday between 8:30 a.m. and 9:30 a.m.

THE AMERICAN LEGION MOUNTAINEER BOYS STATE PLEDGE

You will find enclosed The American Legion Mountaineer Boys State (ALMBS) Pledge. The *ALMBS Pledge* is an agreement of conduct between you, your parent(s)/guardian(s), and ALMBS. You and your parent(s)/guardian(s) are asked to review its contents, sign it, and bring it with you to registration on Sunday between 8:30 a.m. and 9:30 a.m.



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ORDER FORM

Applicant #: _____ Cabin: _____ County: _____
(Official Use Only) (Official Use Only)

Last Name: _____ First Name: _____ Middle Initial: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Shirt Size: _____

ITEM	PRICE	QUANTITY	TOTAL
ALMBS T-SHIRT	FREE	1	\$0.00
EXTRA ALMBS T-SHIRTS It is recommended that at least two (2) additional shirts be purchased	\$6.00		
ALMBS COMMEMORATIVE COIN Maximum one (1) per Citizen	\$10.00		
ALMBS PHOTO PACKAGE Includes: One (1) 8x10 Camp Photo One (1) 8x10 Cabin Photo	\$20.00		
FRIDAY REFRESHMENTS Refreshments will be provided Friday night	\$5.00		
DONATION ALMBS operates solely on donations to sponsor boys. The current cost per boy that is paid by sponsors is \$350.00. If you are interested in making a donation to help the program, you may do so. This is not a requirement for you to attend ALMBS. Any donations made may be tax deductible and can be made in any denomination.		1	
TOTAL:			

Please make checks payable to The American Legion Mountaineer Boys State. Cash is also an acceptable form of payment. Payment should be presented upon registration at The American Legion Mountaineer Boys State.

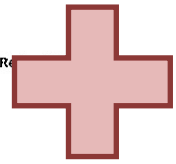


THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ORDER FORM

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WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
2875 Staunton Turnpike - Parkersburg, WV 26104



ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____
Home Address: _____ Home Address of Parents: _____
City: _____ City: _____
Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- _____ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
- _____ must qualify under the Residence and Transfer Rule (127-2-7)
- _____ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
- _____ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
- _____ must not have reached your 15th (MS), 19th (HS) birthday before July 1 of the current school year. (127-2-4)
- _____ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
 - _____ unless parents have made a bona fide change of residence during school term.
 - _____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
 - _____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
- _____ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
- _____ must be an amateur as defined by Rule 127-2-11.
- _____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
- _____ must not have transferred from one school to another for athletic purposes. (127-2-7)
- _____ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
- _____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
- _____ must follow All Star Participation Rule. (127-3-4)
- _____ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than six semesters in grades 6-8. (Rule 127-2-5).
- _____ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

BASEBALL	CROSS	GOLF	SWIMMING	VOLLEYBALL
BASKETBALL	COUNTRY	SOCCER	TENNIS	WRESTLING
CHEERLEADING	FOOTBALL	SOFTBALL	TRACK	BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____



PART III – STUDENT’S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade ____ Age ____

- Has the student ever had:
- | | |
|---|--|
| Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.) | Yes No 12. Have any problems with heart/blood pressure? |
| Yes No 2. Any hospitalizations? | Yes No 13. Has anyone in your family ever fainted during exercise? |
| Yes No 3. Any surgery (except tonsils)? | Yes No 14. Take any medicine? List _____ |
| Yes No 4. Any injuries that prohibited your participation in sports? | Yes No 15. Wear glasses ____, contact lenses ____, dental appliances ____? |
| Yes No 5. Dizziness or frequent headaches? | Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)? |
| Yes No 6. Knee, ankle or neck injuries? | Yes No 17. Has it been longer than 10 years since your last tetanus shot? |
| Yes No 7. Broken bone or dislocation? | Yes No 18. Have you ever been told not to participate in any sport? |
| Yes No 8. Heat exhaustion/sun stroke? | Yes No 19. Do you know of any reason this student should not participate in sports? |
| Yes No 9. Fainting or passing out? | Yes No 20. Have a sudden death history in your family? |
| Yes No 10. Have any allergies? | Yes No 21. Have a family history of heart attack before age 50? |
| Yes No 11. Concussion? If Yes _____
Date(s) | Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise? |
| | Yes No 23. (Females Only) Do you have any problems with your menstrual periods. |

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

<i>Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response)</i>				
	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge.	0	1	2	3
Not being able to stop or control worrying.	0	1	2	3
Little interest or pleasure in doing things.	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
A sum of >3 is considered positive on either subscale (Question 1 and 2 or Questions 3 and 4) for screening purposes.				

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.
SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____
Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:		Respiratory:		Abdomen:	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	Cardiovascular:			
Enlarged lymph nodes	Y N	Murmur	Y N		
Skin - infectious lesions	Y N	Irregularities	Y N		
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck:	Y N	Elbow:	Y N	Knee/Hip:	Y N	Hamstrings:	Y N
Shoulder:	Y N	Wrist:	Y N	Ankle:	Y N	Scoliosis:	Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
 _____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;
 _____ Limited approval with the following restrictions: _____;
 _____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant _____ Date ____/____/____



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

AFFIDAVIT AND CONSENT TO TREAT

STATE OF WEST VIRGINIA, COUNTY OF: _____

TO WIT: I/We the undersigned, after first being duly sworn, deposes(s) and say(s) that:

1. I/We am/are the parent(s)/guardian(s) of, _____, an individual under the age of 18 years, to wit: _____ years of age.
2. I/We give my/our consent and permission to The American Legion, Department of West Virginia, to allow the above-stated individual to participate in all activities (or as restricted) being conducted by The American Legion Mountaineer Boys State, Inc. for the year 2024.
3. I/We do hereby expressly give and grant unto the Director/Administrator and/or any other Counselor/Official of The American Legion Mountaineer Boys State, Inc. permission and authority to take such action as he or they deem necessary, reasonable, and proper to provide a medical examination and or treatment of any injuries or illnesses sustained or developed while traveling to or from, or while participating in any activities conducted at The American Legion Mountaineer Boys State, Inc. I/We also authorize and permit any of the above counselors/Officials to act in my/our stand in making any requests or giving any permission as may be required by any medical organization and/or physician. I/We agree to pay any and all fees entailed related to the medical care of my/our son while attending The American Legion Mountaineer Boys State.
4. I/We do hereby also understand The American Legion Mountaineer Boys State (ALMBS) has medical staff volunteers during the week to provide care for minor injuries for the citizens while they reside at WVU Jackson's Mill. Citizens attending ALMBS may keep over the counter medications such as: Tylenol, Advil, and/or Aleve in the cabin. Prescription medications and allergy medications must be brought to the clinic at the beginning of the week. Prescriptions can be picked up by the Citizen at the end of the week before leaving WVU Jackson's Mill. The Citizen is responsible for reporting to the clinic after breakfast for morning medications, after lunch for mid-day medications, and after supper for evening medications. The citizen should report to the clinic no later than 10:00 PM for scheduled nightly medications. It is not the responsibility of volunteer staff of ALMBS to ensure that medications are dispensed. The Citizen is responsible for reporting to the clinic for their medications.

Parent/Guardian Signature: _____ Date: _____

Last Name: _____ First Name: _____ Phone: _____

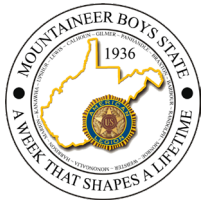
Street: _____ City: _____ State: _____ Zip: _____

Taken, subscribed, and sworn to before me this _____ day of _____, 20____

My Commission expires: _____

Notary Public: _____

_____ County, West Virginia



THE AMERICAN LEGION MOUNTAINEER BOYS STATE
WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

AFFIDAVIT AND CONSENT TO TREAT

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THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

MEDICAL CHECK-IN FORM

Last Name: _____	First Name: _____	Middle Initial: _____	Mobile: _____
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Assigned Cabin (Circle One)	Barbour Marion	Braxton Monongalia	Calhoun Monroe	Gilmer Panhandle	Harrison Randolph	Kanawha Upshur	Lewis Webster
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Medical History (Please Print)

Medical History (include recent surgery, sprains, strains, or bone breaks): _____

Allergies to Food and/or medications: _____
 _____ EpiPen (Circle One): YES NO

Emergency Point of Contact (Please Print):

Last Name: _____	First Name: _____	Mobile: _____	H/W: _____
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Last Name: _____	First Name: _____	Mobile: _____	H/W: _____
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Medications Schedule (List all medications, prescriptions, and over the counter medications that are currently being taken.)

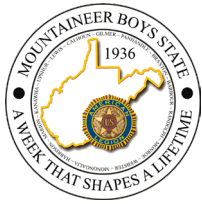
Medication	Morning (Time)	Afternoon (Time)	Evening/Night (Time)

Additional medicines can be added on page 2 of this medical form.

ALMBS Citizens may keep over the counter medications in their assigned cabins. Some of these medications include but are not limited to: Aspirin, Tylenol (Acetaminophen), Advil (Ibuprofen), Benadryl (Diphenhydramine), Stool Softeners, cough drops, throat lozenges, Tums. Other medications that have been approved by ALMBS Chief Medical Officer.

Counselor(s): Please remind citizens to report to the clinic for any medications that cannot be kept in the cabins. Citizens should report to the clinic after breakfast for AM medications, after lunch for any afternoon medications and by no later than 11:30 PM or by lights out for evening or bedtime medications.

Citizens are responsible for reporting to the clinic to take any controlled substances. A list of many controlled medication is listed on the following page.



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

MEDICAL CHECK-IN FORM

DEA Controlled Drugs

Schedule II Medications (Check if you are taking any of the identified controlled medications)

Brand	Generic	Function	Prescribed
Percocet®	Oxycodone + APAP	Pain Relief	
Oxycontin®	Oxycodone	Pain Relief	
Concerta®	Methylphenidate	ADHD	
Adderall®	Amphetamine + Dextroamphetamine	ADHD	
Vyvanse®	Lisdexamfetamine	ADHD	
Duragesic®	Fentanyl Patch	Pain Relief	
Methadose®	Methadone	Opioid Recovery	

Schedule III Medications (Check if you are taking any of the identified controlled medications)

Brand	Generic	Function	Prescribed
Vicodin®	APAP +, Hydrocodone	Pain Relief	
Tylenol 3®	Codeine + APAP	Pain Relief	
Suboxone®	Buprenorphine	Opioid Recovery	
Tussionex®	Hydrocodone + Chlorpheniramine	Cough suppressant + Antihistamine	

Schedule IV Medications (Check if you are taking any of the identified controlled medications)

Brand	Generic	Function	Prescribed
Xanax®	Alprazolam	Benzodiazepine	
Ambiem®	Zolpidem	Sleep Aid	
Klonopin®	Clonazepam	Benzodiazepine	
Ativan®	Lorazepam	Benzodiazepine	
Darvocet®	Propoxyphene + APAP	Pain Relief	
Valium®	Diazepam	Benzodiazepine	
Restoril®	Temazepam	Sleep Aid	
Adipex®	Phentermine	Appetite Suppressant	
Lunesta®	Eszopiclone	Sleep Aid	
Soma®	Carisoprodol	Muscle relaxer	

Additional Medications (List all medications, prescriptions, and over the counter medications that are currently being taken.)

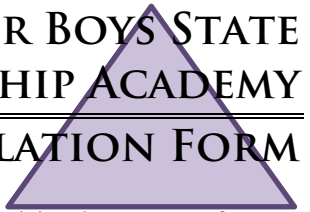
Medication	Morning (Time)	Afternoon (Time)	Evening/Night (Time)



THE AMERICAN LEGION MOUNTAINEER BOYS STATE

WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

PROPOSED LEGISLATION FORM

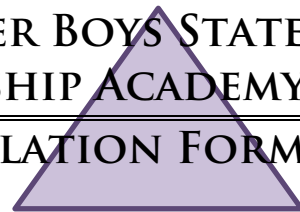


Set forth any law(s), rule(s), regulation(s), policy, etc. that you would like to see enacted in the State of West Virginia. NOTE: Legislation items passed by The American Legion Mountaineer Boys State may be forwarded to the West Virginia Legislature for consideration.



THE AMERICAN LEGION MOUNTAINEER BOYS STATE
WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

PROPOSED LEGISLATION FORM



Lined writing area for proposed legislation.

Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education

USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD



1. Name of child attending The American Legion Mountaineer Boys State Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		The American Legion Mountaineer Boys State Camp

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP TANF

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3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at _____ Homeless Migrant Runaway

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ Total Monthly Income Before Deductions \$ _____

5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date

--	--	--	--	--	--

 Last 4 Digits of Social Security Number

*	*	*	*
---	---	---	---

 I do not have a Social Security Number

Signature _____

Printed Name _____ Home Phone Number _____ Work Phone Number _____

Mailing Address _____ City _____ State _____ ZIP Code _____

6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)

Mark one or more racial identities from this group:

- Asian American Indian or Alaska Native White
 Black or African American Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

- Hispanic or Latino Not Hispanic or Latino

7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)

Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: -OF- Income Eligibility: _____ Free Meals
 _____ Reduced Meals
 _____ Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education

USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

8: Free and Low-Cost Health Care

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children’s Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit www.chip.wv.gov You may also apply online at www.wvinroads.org.

Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.

FEDERAL INCOME CHART					
For School Year July 1, 2023 – June 30, 2024					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442; or
2. email:
program.intake@usda.gov

This institution is an equal opportunity provider.



THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

NATIONAL GUARD WAIVER

RELEASE OF LIABILITY STATEMENT

In consideration of being permitted to climb the "Rock Climbing Wall", presented by the West Virginia National Guard on behalf of myself, my personal representatives, heirs, and assigns. I hereby release and discharge the United States, its agents, servants, employees, from any and all claims for property damage and/or personal injury or death resulting from my attempt to climb or descend the Rock Climbing Wall. This release covers the negligent use, maintenance construction, design of the Rock Climbing Wall, and the negligent supervision of my use of the Rock Climbing Wall. My signature further certifies that I have read and understand the climbing safety instructions, and will comply with the climbing safety instructions provided by my instructor. This is an active sport.

Restrictions:

- Do Not participate if you:
- Have had back, neck or heart problems
- Have had broken bones, are pregnant
- Have physical or medical problems
- Have limb problems
- Are under the influence of Drugs or Alcohol
- Unsure of your general health

Rules:

- Weight between 40 and 230 lbs.
- Obey and listen to instructors
- No sideswinging
- Stay in your lane
- Repel feet first only
- Do not kick back more than 3 feet
- No climbing over top of wall
- No climbing without safety harness

Name of Child

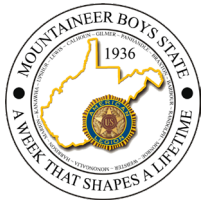
Last Name	First Name	Middle Initial
Street Address:		
City:	ST:	Zip Code:
Phone:		Date of Birth:
Signature of Climber or Parent/Guardian if < 18		Date:

During the course of this rock-climbing event, photographs may be taken by military personnel for training, recruitment or other official purposes. Please sign below if you agree to [allow photographs of your child to be taken]

_____ I **consent** to allow myself or my child be photograph during activity by a representative of the National Guard.

_____ I **do not** consent to have myself or my child photographed during the rock-climbing event. I understand that I or my child can still climb the rock wall if I do not consent to having the picture taken.

First, Last Name (Print)	Signature of individual or parent	Date
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THE AMERICAN LEGION MOUNTAINEER BOYS STATE
WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY
NATIONAL GUARD WAIVER

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THE AMERICAN LEGION MOUNTAINEER BOYS STATE WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ALMBS PLEDGE

As a Citizen of The American Legion Mountaineer Boys State, I voluntarily make the following pledge:

- **I will respect the rights of my fellow Citizens, and will treat all Citizens, Staff, and Guests with the utmost respect at all times.**
- I will obey all, rules, regulations, and statutes of The American Legion Mountaineer Boys State.
- I will not physically or verbally abuse any ALMBS participant and will report such abuse, if observed. I will abstain from harassment or bullying of another participant or volunteer (either in person, face-to-face, through social media or other communication venue). Any Citizen involved in any type of "Bullying" will be dismissed from The American Legion Mountaineer Boys State.
- I will report ALL violations of this pledge that I become aware of, to my counselors and if necessary to the administrators and director.
- I will stay the entire duration of The American Legion Mountaineer Boys State Program.
- I will get written permission from the Administrator before I leave the WVU Jackson's Mill grounds, for any reason.
- I will protect and conserve all property of the WVU Jackson's Mill State 4-H Camp, my host for the week.
- I will show proper respect to the Flag by reciting the Pledge of Allegiance and participate in the singing of the National Anthem.
- I will discharge my duties as a Citizen of The American Legion Mountaineer Boys State with dignity and honor to my State, County, and City.
- I will adhere to the program of the State, participating in government and recreational activities as scheduled.
- I will attend the assemblies and other group meetings which are arranged for my citizenship and social development.
- I will serve The American Legion Mountaineer Boys State with honor regardless of my office or position.
- I will make reports on time and conscientiously.
- I will respect the judgment of Counselors, Directors, and Administrators.
- I will not possess tobacco products, pornographic materials, any type of weapon, alcoholic beverages, or illegal drugs while at The American Legion Mountaineer Boys State.
- I will text, e-mail, write, call, or otherwise communicate with my homefolks twice during The American Legion Mountaineer Boys State.
- I will make a report to my sponsor of my impression of The American Legion Mountaineer Boys State soon after my return home and inform them of my activities at ALMBS.
- I understand that I will be dismissed from The American Legion Mountaineer Boys State for violating the rules of the program and or engaging in behavior that the staff believes to be disruptive and/or inappropriate and if dismissed, I understand that my school's recommending official(s) and my local American Legion Post will be notified of my dismissal.

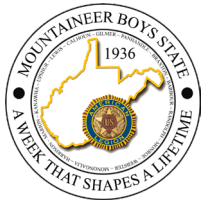
The undersigned parent(s)/guardian(s), acknowledge that we have received the information packet and have reviewed its contents. The undersigned Citizen further agrees that he will abide by the rules of the program, which he will attend for the entire week. The undersigned further agrees that if you fail to make notification of your inability to attend five days prior to the beginning of the program, you or your parent(s)/guardian(s) will be liable for reimbursement of the \$350.00 fee. If the Citizen leaves prior to the completion of the program on Saturday, you will be required to reimburse the balance of your meal and lodging fees to The American Legion Mountaineer Boys State.

Citizen Signature: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Parent/Guardian Signature: _____ Date: _____

Last Name: _____ First Name: _____ Phone: _____



THE AMERICAN LEGION MOUNTAINEER BOYS STATE
WEST VIRGINIA'S PREMIERE LEADERSHIP ACADEMY

ALMBS PLEDGE

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