



PALMETTO GIRLS STATE, INC.
A PROGRAM SPONSORED BY THE
AMERICAN LEGION AUXILIARY, DEPARTMENT OF SOUTH CAROLINA

AMERICAN LEGION AUXILIARY
DEPARTMENT OF SOUTH CAROLINA
1 200 MAIN STREET, SUITE 400B
COLUMBIA, SOUTH CAROLINA 29201
(803) 799-6695

63rd PALMETTO GIRLS STATE – COLUMBIA COLLEGE – JUNE 7-13, 2009

NOTE: THIS FORM IS IN TWO (2) SECTIONS - EACH PART MUST BE COMPLETED WITH REQUIRED SIGNATURES.

In order to be admitted to Palmetto Girls State, this form must be **TURNED IN AT REGISTRATION** upon arrival at Palmetto Girls State on **Sunday, June 7, 2009. (DO NOT MAIL** to the address on this letterhead)

**PLEASE ATTACH REQUESTED COPIES
COPYING FACILITIES ARE NOT AVAILABLE AT REGISTRATION**

NAME OF DELEGATE: (Please Print) _____

1. INSURANCE

All delegates and Staff in attendance at Palmetto Girls State are covered by limited supplemental accident insurance. However, all participants should be further covered by personal or family **primary health insurance**. Any charges incurred for medical care or treatment while in attendance at Palmetto Girls State are the responsibility of the delegate's parent(s) or guardian(s).

I certify that the above named delegate is covered by medical insurance. **(Please attach a copy of the front and back of the insurance card or make sure that delegate has an insurance card in her possession.)**(NOTE: Copying facilities will not be available at registration at Palmetto Girls State on June 7.) I further certify that I am responsible for any and all costs or charges incurred for medical care and treatment while in attendance at Palmetto Girls State.

Parent(s) or Guardian(s) Signature _____ Name of Insurance Company _____

Insurance Company Address: _____

Policy Holder Name: _____ Employment: _____

Plan # _____ Group # _____ Policy # _____

_____ If delegate is not currently insured, please check this line.

2. PERMISSION TO TRAVEL BY VEHICLE

While attending Palmetto Girls State, _____ (name of delegate) has my permission to travel by vehicles provided for the use of Palmetto Girls State. I understand that travel may be by buses or other vehicles owned or leased by Palmetto Girls State and/or Columbia College and supplied to Palmetto Girls State and that occasions may arise for travel by personal automobile of Palmetto Girls State Staff members.

Signature of Parent or Guardian

_____ Date _____