



**Minnesota AMERICAN LEGION  
DISTRICT #7  
LITCHFIELD, MN 55355**

School District address you attend

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION for ORATORICAL CONTEST**

Student Name: Print

ADDRESS  
City,State/Zip

Phone # CELL:

Home:

E:MAIL:

circle

DOB: / /

AGE:

M / F

Current HS Grade 9-12\ Future Plans-- College: -Trade school - Military List:

Favorite Hobbies:

Extra Curricular Activities

Both Parents \Guardian Names

Address:

Check if same as above

Parents Phone/E:mail

**Relationship**

Parents or Other

List: Responsible Chaperone's ( necessary for all away contests)

DATE:

Student Signature:

***Parent's or Guardian Consent, disclaimer release Form***

- 1 I/we have read and received information concerning the American Legion Oratorical Program and agree to allow our son/daughter to participate .
- 2 I/we hereby understand that we can be present at these contests and have the responsibility to chaperone our child at these contests.
- 3 I/we have been informed hereby that the American Legion will not assume liability for personal injury, property damage or any loss sustained while participating in the Am. Legion Oratorical Contests and program.
- 4 I/we for the privilege of our son/daughter to participate will hereby relinquish the American Legion, its officers, agents, their representatives, employees and officials and officials of and from all claims, demands, actions and cause of action of any sort for any injuries sustained by our son/daughter
- 5 I/we understand we accept that it is our responsibility to provide transportation to and from these events.

Dated:

Signature:

**Relationship**

PRINT NAME: