

NMASC SUMMER LEADERSHIP WORKSHOP

Student Information Form

Advisors: (NOTE: please complete the **School Information section** of this form before you copy/distribute it to your Summer Workshop Delegates)

- Please duplicate this form and use one form per delegate.
- Please do not submit the form until you have made sure that the requested **Student Information** is typed or printed clearly in black or blue ink; that all information is filled out completely; and that all required signatures are obtained.
- The **Student Information Form** for each student is to be USPS mailed to NMASC along with school payment **postmarked by May 1.**

Student Information: Please complete the following information thoroughly. Type or print in black or blue ink.

Name _____ Gender _____ Birth Date _____
Last Name First Name Day/Month/Year

Mailing Address _____ Grade _____
PO Box or Street Number City Zip Code as of Fall, 2017

Circle summers you have attended NMASC's Summer Workshop 2016 2015 2014 2013 2012 2011

Circle t-shirt size (Only sizes indicated are available) S M L XL 2XL 3XL

Home Phone (505/575) _____ Cell Phone (505/575) _____ Emergency Phone (505/575) _____

Name of Person at Emergency Number _____ Relationship _____

Name of Insurance Provider/Patient ID Number _____ Medication(s) Student Is Taking _____

Special Dietary Needs/Concerns _____ Allergies to Medication, Food, etc. _____

I authorize the workshop authorities to obtain through a physician any medical care necessary to the student. I also agree not to hold the NMASC or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such activities. I have also read and agree to the stipulations in the Student Participation Commitment Form.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

School Information: *Advisors: Please complete the following information.*

Name of School _____ Name of School Principal _____
(Please print.)

Name of Student Council Advisor _____ Advisor's Cell Phone (505/575) _____

Attending Advisor/Chaperone (if different from the school advisor):

IF someone other than Student Council Advisor will attend the workshop with students, please give the following information:

Name of Attending Adult _____ Home Mailing Address _____
PO Box or Street Number/ City/Zip Code

Summer E-mail Address _____ Cell Phone (505/575) _____

I certify that this student is academically eligible to participate in extra-curricular activities. I further certify that I have read and agree to the stipulations in the Student Participation Commitment Form.

Principal _____
Signature Date

Advisor _____
Signature Date

Attending Advisor (if different from school advisor) _____
Signature Date

NMASC Student Participant Commitment Form for NMASC Activities

Name of School _____ School Phone (505/575) _____ - _____
(Type Name of School then make additional copies as needed)

Name of Student _____ Birth date of Student: yr. _____ mo. _____ day _____

Name of Parent/Guardian _____ Daytime Phone (505/575) _____ - _____

Evening, Nighttime, Emergency Phone (505/575) _____ - _____

All student delegates shall

1. Register on time with the school advisor and school delegation and not leave the NMASC activity until it ends. A student may leave early with written requests from both parent/guardian and school advisor. A student who leaves early must sign out in the activity headquarters and may not return to the activity.
2. Have no guests at any time or meetings during the activity with any non-registered person.
3. Not by any conduct, act, force, or threat deprive another of the exercise of personal rights and responsibilities, nor engage in any conduct which causes disruption of any lawful mission, process, or function of the activity. (This includes Social Media, texting, or any other mobile application.)
4. Observe NMASC rules which will be presented in writing to each school advisor when the registration is accepted and will be announced at the opening session of the NMASC activity. A delegate shall be financially responsible for any damage to host school, event location or NMASC property done by the delegate.
5. Observe all local, state, or federal laws. Understand that the use of alcohol, tobacco, or illegal drugs is strictly prohibited. Not possess, handle, or transmit any object that could reasonably be considered a weapon.
6. Abide by requests of the NMASC staff, security, and/or any adult connected with the activity.
7. Report to an activity event at least five minutes before the time for it to begin and check in with his/her advisor. If a student is not present at an activity event, the advisor shall notify conference security immediately.
8. Realize that if they are to receive the greatest benefits from the activity, they must be willing to participate actively and appropriately at all times.
9. Understand that in no case will NMASC and/or the activity be considered responsible for supervision of students before the school delegation registers at the activity or after the adjournment of the activity.
10. Display the appropriate mode of behavior and attire which is representative of any student council position. Wear name tag and/or wristband, as directed. Refrain from bringing controversial clothing to the activity. Casual attire appropriate for school wear is suitable within the guidelines of the general NMASC rules. Dress-up attire is required for activity sit-down dinners or banquets.
11. Accept that an infraction of NMASC rules will require that a student be given consequences, which may include being sent home (at the parent/guardian expense) and that the student may be disapproved for participation in NMASC activities for one (1) year. The principal, advisor, and parent/guardian shall be informed of the infraction.

Student and Parent/Guardian Agreement

As a delegate to this NMASC activity, I will abide by all policies and guidelines established by the New Mexico Association of Student Councils. I will strive to be a worthy representative of my school by contributing my best efforts to the success of the activity.

As a parent/guardian, I agree to all the policies and guidelines established by the New Mexico Association of Student Councils. I agree that photos or videos of my child may be taken during the activity that may be used by NMASC for promotional purposes. I will hold NMASC harmless for any action resulting from participating in any event at an NMASC activity. I will report to the Activity Headquarters for permission to see my child and I will visit my child only in a location designated by the NMASC staff.

I authorize NMASC officials or my student’s school advisor to seek medical help for my student, if needed.

Name of Insurance _____ Insurance ID number _____

Name of Contact Person _____ Contact Phone (505/575) _____ - _____

Signature of Student Delegate _____ Date _____ Signature of Parent/Guardian _____ Date _____