

## NMASC Student Participant Commitment Form for NMASC Activities

Name of School \_\_\_\_\_ School Phone (505/575 ) \_\_\_\_\_ - \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth date of Student: yr. \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Evening, Nighttime, Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **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 mobile application.)
4. Observe NMASC rules which will be presented in writing to each school advisor 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.
5. Observe all local, state, and 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 conference 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. If a student is not present at an activity event, the adult in charge shall notify conference staff 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 or the activity be considered responsible for supervision of students before the school delegation registers at the activity or after the final adjournment of the activity.
10. Display the appropriate behavior and attire which is representative of any student council position. Wear name tag / wristband at all times, 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. Appropriate attire is required for event sit-down dinner/banquet – dress to impress but don't dress less.
11. Accept that an infraction of NMASC rules will require that a student will 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