

NMASC SUMMER LEADERSHIP WORKSHOP

Student/School Information Form

Advisor: (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 1st.

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, 2018

Circle summers you have attended NMASC's Summer Workshop 2017 2016 2015 2014 2013 2012

NMASC has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching me would be dangerous for my child. I acknowledge that no guarantees have been made to me as to the result of such treatment and that I am responsible for all charges in connection with the care and treatment rendered to my child. My child's insurance information is:

Member or Group Number _____

Name of Insurance Company _____

Primary Insurance Member Name _____

I may be contacted at the following phone number (_____) _____

Emergency phone number (_____) _____

Name of Person at Emergency Number _____ **Relationship** _____

Medication(s)/Dose Student Is Taking _____

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

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



Student Participant Commitment/Parent Agreement 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 and regulations. Understand that the use of alcohol, tobacco (including ecigs), 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 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.

Signature of Student Delegate

Date

Parent/Guardian Agreement

As a parent/guardian, I agree to all the policies and guidelines established by the New Mexico Association of Student Councils. I grant permission to NMACS and its directors, officers, employees, agents, and subcontractors the irrevocable and unrestricted right to take photographs and videos of _____ (insert child's name) and reproduce said photographs and videos of _____ (insert child's name) for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I also agree that no royalty, fee, or other compensation shall become payable to me or _____ (insert child's name) by reason of such use. I waive any right that I or _____ (insert child's name) may have to inspect or approve of any usage of said photographs and videos.

I hereby release NMACS and its directors, officers, employees, agents, and subcontractors from all claims and liabilities relating to said photographs and videos, including without limitation any claims for libel or violation of any right of publicity or privacy.

If I need to see my child during the event, 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 NMACS staff.

I will indemnify and hold harmless NMACS and its directors, officers, employees, agents, and subcontractors from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitation attorneys' fees and costs) which arise out of, relate to or result from any act or omission of _____ (insert child's name).

All provisions of this agreement shall be binding upon _____ (insert child's name) and me, and our respective heirs, legal representatives, and assigns.

I authorize NMACS and its directors, officers, employees, agents, and subcontractors to consent, on my behalf for _____ (insert child's name), to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Name of Insurance _____ Insurance ID number _____

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

Signature of Parent/Guardian Date