

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 2018 2017 2016 2015 2014 2013

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.

By submitting this Parent Agreement, I hereby grant the New Mexico Association of Student Councils (NMASC) the right to take photos and/or videos of my child, _____, during conference activities from (event dates) _____ and to use such photos and/or videos of my child for editorial or advertising publication processes, whether electronic, print, digital, or electronic publishing via the internet. My signed submission of this Parent Agreement also indicates that I agree I will not make any monetary and/or other claims, whether legal or equitable, against NMASC for the use of the photos and/or videos and that I will indemnify and hold harmless NMASC and its directors, officers, employees, agents, and subcontractors from and against all claims which arise out of, relate to, or result from the use of my child's photos and/or videos."

I authorize NMASC 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

HEALTH INFORMATION FORM

NMASC Health Information Form

Bring this completed form with you to registration. **DO NOT** mail in advance please.

PERSONAL INFORMATION

Print Student Name _____
Street Address _____
City, State, Zip _____ Home/Cell Phone _____
Date of Birth / / _____ Gender _____

EMERGENCY INFORMATION

Parent/Guardian Name _____
Phone 1 () - Phone 2 () - _____
Other adult if Parent can't be reached _____
Phone 1 () - Phone 2 () - _____
Physician Name _____ Phone () - _____

MEDICAL PAYMENT & INSURANCE INFORMATION

Person responsible for medical payment _____ Phone () - _____
Does student have medical insurance? **YES** **NO** _____
Name of Insured _____ Insurance Company _____
ID# _____ Group # _____
Street Address _____
City, State, Zip _____ Customer Service _____

***Please attach a copy of the insurance card**

BRIEF MEDICAL HISTORY

Asthma YES NO Medications _____
Diabetes YES NO Medications _____
Epilepsy/Seizures YES NO Medications _____
Heart YES NO Medications _____
Other Health Concerns YES NO If Yes, please list _____
Restricted Activity? YES NO If Yes, please explain _____
Medical Allergies? YES NO If Yes, please list _____
Current medication and dosing instructions: _____

Allergies: _____

*Note: If a student is bringing medication, please bring a supply in a labeled container.

I, the parent or legal guardian of _____, authorize my child's conference advisor, or NMASC 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. I release, my child's conference advisor, NMASC, and its agents from any damages, liability, or loss resulting from the discretion in securing in good faith medical care for my child.

Parent Signature _____ Parent Name (please print) _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____
PRINTED NAME: _____ DATE: / / _____