

Registration Information Form

ADVISER DIRECTIONS:

Have each student/adviser complete this form and return to you. Use the information collected to complete the online registration for each participant.

CONFERENCE PARTICIPANT INFORMATION:

Registration Classification (please circle one):

Advisor

Coach

Athletic Director

Student Athlete Student

Organization Member

Last Name: _____ M.I.: _____ First Name: _____

Home Phone: (____) _____ - _____ Emergency Phone: (____) _____ - _____

Emergency Contact Name: _____ Contact Phone: (____) _____ - _____

Gender (please circle): **Male** **Female**

Participant Grade (please circle): **9** **10** **11** **12**

Participant T-Shirt Size (please circle): **S** **M** **L** **XL** **XXL**

Vegetarian?: **Y** **N** Food Allergies?: **Y** **N** Explain: _____

Friday Lunch Order (please circle one): **Tuna** **Turkey** **Veggie**

Student/Parent Code of Conduct Form

Student Name: _____ **School:** _____

Date of Activity: March 19-20, 2010

Location: Connecticut Student Leadership Conference, Wesleyan University

I, the undersigned student leader, do hereby agree:

- 1. To abide by all the rules and regulations set forth by the Connecticut Association of Schools (CAS), the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut Association of Student Councils (CASC), the Adult Delegates and all adult supervisors.**
- 2. To waive and release any and all rights and claims for any damages I may have against the Connecticut Association of Schools (CAS), the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut Association of Student Councils (CASC), and any other employee of CAS/CIAC/CASC for any injuries arising from my participation in this activity.**
- 3. To accept responsibility for my behavior so that it does not reflect discredit on my school, my state associations, or myself.**
- 4. To abstain from tobacco, alcohol or illegal drugs at the Conference.**
- 5. To treat all student and adult delegates with respect and dignity.**

I understand that if I break any of the rules of the Conference, I will be sent home immediately after CAS/CIAC/CASC has made arrangements with my parent/legal guardian.

Student Signature

Date

Student Printed Name

I, the parent/guardian of the above signed student, understand the obligations accepted by my son/daughter as outlined above and give my consent for his/her participation in the Connecticut Student Leadership Conference. I do further release the Connecticut Association of Schools (CAS), the Connecticut Interscholastic Athletic Conference (CIAC), Connecticut Association of Student Councils (CASC), sponsors of this conference and any other employee of said organizations from any claim for damages incurred by the said student that might be a direct or indirect outgrowth of his/her participation in this conference.

Parent/Legal Guardian Signature

Date

Please make two copies: one to turn in at conference registration and one for school use.

Student Medical Form

Last Name: _____ First Name: _____

Street Address: _____ City: _____

Telephone Number: (____) _____ - _____ Sex: F M Date of Birth: _____ Age: _____

Name of Parent/Legal Guardian: _____

Mother Telephone Number (H) (____) _____ - _____ (W) (____) _____ - _____ (M) (____) _____ - _____

Father Telephone Number (H) (____) _____ - _____ (W) (____) _____ - _____ (M) (____) _____ - _____

Emergency Contact Name (other than Parent/Guardian): _____

Relation to the Student: _____ Contact Number: (____) _____ - _____

Family Physician: _____ Number: (____) _____ - _____

Insurance Company: _____ Group Plan Number: _____

Policy Number: _____ Insurance Benefit Code: _____

Does the student have any special physical needs? Y N (If yes, please explain.) _____

Is the student allergic to any drugs? Y N (If yes, please list.) _____

Is the student allergic to bee stings? Y N If yes, can student take antihistamines? Y N

Is the student currently under medical treatment? Y N (If, yes, please explain.) _____

Please list all medications the student is currently taking. (including inhalers, etc.) _____

Please list any operations within the last year. _____

Emotional Problems (hyperventilation, hysteria, depression, etc.) _____

"I hereby give permission for the above named student to be treated by a physician or licensed nurse at a hospital or on the scene in the event of a medical or surgical emergency."

Signature of Parent/Legal Guardian

Date

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