

2010 STATE STUDENT LEADERSHIP CAMP DELEGATE REGISTRATION FORM

Colorado State University, Fort Collins Colorado

July 26 - July 29

INSTRUCTIONS: Log on to www.chsaa.org /sports/activities/student council. Print out the registration form. Fill it out and then collect all signatures. Keep a copy for your records.

Mail the signed form's to the CHSAA (14855 E. Second Avenue, Aurora CO 80011) DO NOT FAX!!!

Call Sharon Aguilar if you need assistance 303.344.5050. Thank You

FEE: \$220.00 Payable by check to your school

NOTE: THE DEADLINE FOR REGISTRATION IS JUNE 1st. ALL REGISTRATIONS ARE NON-REFUNDABLE! *NO EXCEPTIONS*

LEGAL NAME: _____ **PHONE:** _____

HOME ADDRESS: _____ **CELL PHONE** _____

AGE: _____ **GENDER:** Male _____ Female _____ **SCHOOL:** _____ **GRADE:** _____

CLASSIFICATION: 1A _____ 2A _____ 3A _____ 4A _____ 5A _____ **T-Shirt Size:** S _____ M _____ L _____ XL _____ XXL _____

ATTENTION PARENTS: Absolutely no medication will be dispensed to your child at this camp. Please make prior arrangements for any conditions or medication required. If there are medical/special conditions we need to be aware of please list them below. THANK YOU

Person to contact in case of an emergency: _____

*******YOU MUST SELECT YOUR LEVEL OR YOU WILL BE ASSIGNED TO LEVEL I*******



_____ Level I: (For 1st year participant)

_____ Level II: (For 2nd year participant who want a different experience from Level I)


_____ Level III: (For advanced students in their 3rd or 4th year of camp)

THIS FORM WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES

The delegate listed is an official delegate to the State Student Council Leadership Camp. We expect him/her to be a member of our local, district or State Student Council during the coming school year. He/she is hereby recommended as a person who can contribute to and benefit from intensive leadership training.

_____  _____  _____ **Signature**

I understand that the State Leadership Camp brings together outstanding students from all sections of the state for training in the skills and techniques of democratic group leadership. I also understand that the purpose of this camp is to help me become a better leader. I feel that I can contribute to and benefit from this experience. I further understand that as a delegate I will be expected to abide by the rules of attendance and conduct of the Leadership Camp as established by the CHSAA. These rules and regulations will be explained during the "Opening General Session" of the Camp.

 **Delegate Signature**

**REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT SIGNATURES
ON BOTH PAGES**

↓ **OVER** ↓

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PARENT PERMISSION FORM

Students who do not submit a signed parent form will not be allowed to attend the camp.

DIRECTIONS: Please have this form signed by your parent or legal guardian and return it with the registration form.

The State Student Council Leadership Camp is sponsored by the CHSAA. During the period of the camp, all students will be under the direction and supervision of professionally trained adults who have been employed by the sponsoring agencies to be responsible for the program and the welfare of the delegates.

A conscientious effort is made to provide adequate supervision for all activities, but there is always a possibility that accidents may occur. Accordingly, we find it necessary to request parents or the legal guardian to give consent for their child to attend the camp and to release to CHSAA and its respective officers, agents and employees of any and all responsibility in the event such an accident occurs to your child while traveling to and from the conference and while at the conference. If this is acceptable to you, please indicate such by signing your approval below.

Delegates School: _____ **Delegates Full Name:** _____
has my consent to attend and participate in the State Student Leadership Camp at Colorado State University, Fort Collins Colorado during the week of July 26 – July 29, 2010. **I further understand that my child shall remain at the camp throughout it's entirety unless prior approval to leave early has been granted by CHSAA.**

I accept and approve the above statement releasing those named from liability.

➡ Parent/Guardian Signature: _____ Home Phone: _____

Work Phone: _____ Cell Phone: P C _____

Home Address including Street, City and Zip Code _____

EMERGENCY/MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Family Doctor: (1) _____ Phone Number: _____

(2) _____ Phone Number: _____

Allergies: _____

Emergency Contact: (1) _____ Relationship _____ Phone Number: _____

(2) _____ Relationship _____ Phone Number: _____

In the event parent, family doctor, relative or authorized individual cannot be reached, indicate your hospital preference in the Fort Collins area:

(1) _____ (2) _____

IF CONTACT CAN NOT BE MADE WITH ANY OF THE ABOVE, CHSAA ADMINISTRATOR IN CHARGE WILL USE HIS/HER BEST JUDGEMENT TO PROTECT AND ASSIST THE INJURED STUDENT IN ACCORDANCE WITH THE POLICIES LISTED BELOW:

EMERGENCY CARE:

At the time of an emergency the CHSAA administrator has the responsibility for:

- Caring for the student.
- Notifying the student's parents or guardian, or if these cannot be reached, for following the directions given on the above information form.
- In extreme cases, getting the student under professional care, with or without family permission.
- In cases of need for emergency rescue aid, the CHSAA administrator should call the nearest Fire Department or 911.

➡ Parent/Guardian Signature: _____ Date: _____

BOTH FORMS MUST BE COMPLETED ONLINE AND MAILED IN WITH SIGNATURES FOR PERMISSION VALIDATION

PLEASE NOTE: Delegates from the same school will NOT room together and they will NOT be placed in the same council.