

# WV SkillsUSA Participation Consent Form



Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Chapter: \_\_\_\_\_ Advisor (Instructor): \_\_\_\_\_

Contest: \_\_\_\_\_ Sec/PS: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Roommate Preference - name(s): \_\_\_\_\_

## Insurance and Medical Information

Local Family Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Tetanus Toxoid (year): \_\_\_\_\_ Allergies: \_\_\_\_\_

On current medication? \_\_\_\_\_ If so, name: \_\_\_\_\_

Past serious illness or injuries: \_\_\_\_\_

Parent's Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event a parent/guardian cannot be reached, please contact: Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

## Medical Authorization and Permission Form

I hereby authorize in advance any necessary medical treatment required by my child while he/she is attending the **SkillsUSA National Leadership and Skills Conference on June 25-30, 2018**. As with all such conferences, there is the possibility that your child will have the opportunity to go to dinner, shopping, on sightseeing tours, etc. I hereby give my permission for my child to participate in these related activities. We have read and agreed to abide by these regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send my child home from this activity at our (parent's/guardian's) expense, if at any time the student violates the rules and his/her conduct becomes a detriment to others.

Parents' or Guardians' Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***(Form must be signed by person responsible for medical insurance/bills for the student listed at the top of this form.)***



# CODE OF CONDUCT

When attending a local or national SkillsUSA function, each member will be expected to adhere to the Code of Conduct established by SkillsUSA.

**PARTICIPANTS:** Be sure that you understand the "Code of Conduct." Any person violating these rules may be sent home at his/her own expense, may cause other participants from their state to be sent home, or may otherwise disqualify their participants from participating in the local or national SkillsUSA function.

**Code of Conduct Agreement** In order that everyone may receive the maximum benefits from their participation, the "Code of Conduct" must be followed at all times. Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my spouse.
5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician, in which case, the medication will be in the original prescription container with dosage information and prescribing physician information attached. I will also list such medication in the "Insurance and Medical Information" portion of this packet on the previous page.
6. I will not leave the hotel without the express permission of my advisor. Should I receive permission, I will advise them of my whereabouts at all times.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
11. I will adhere to the dress code at all required times.

**Violations and Penalties** I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate discipline committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

I certify that I have read and understand the aforementioned items in the SkillsUSA Code of Conduct. I agree to abide by the conference guidelines for the time period required including travel from my home to the conference, during the conference and returning to my home.

Student Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Chapter (School): \_\_\_\_\_

**Advisors:** Please communicate this policy to your members and keep a signed copy in your possession throughout the Conference. Do not submit copies to WV SkillsUSA.



## Photo Performance Release

I hereby grant the SkillsUSA West Virginia Association permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the SkillsUSA West Virginia Association permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. Further, I so hereby relinquish to the SkillsUSA West Virginia Association all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the SkillsUSA West Virginia Association the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and stated conditions is voluntary, and I do hereby waive all personal claims, causes of action, or damages against the SkillsUSA national headquarters and the employees thereof, arising from a performance or appearance.

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Signature of Parent/Guardian

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Technical Center (School)

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Signature of Participant

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School Address

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Participant's Address

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School, City/Zip

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Participant's City/Zip Code

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Date