**Return completed forms to the TASC Director onsite and scan and upload all student and advisor forms** [**HERE**](https://forms.gle/Cno8wiRtCoh38Rcg6)

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop Director:** | Patty Wangler | **Workshop Site:** | State Steering Committee Retreat |

**TASC SUMMER WORKSHOP: ADVISOR REGISTRATION FORM**

(Please Print or Click and Type in the Table Cells Below)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advisor's Last Name:** | |  | | **First Name:** |  | | | |
| **Preferred Name:** |  | | | **Gender:** |  | | | |
| **School Address:** |  | | | | | | | |
| **City / State / Zip:** |  | | | **School Name:** | |  | | |
| **Home Address:** |  | | | | | | | |
| **City/State/Zip:** |  | | | | | | | |
| **Home Phone Number:** | | |  | **Work Number:** | | |  | |
| **Cell Phone Number:** | | |  | **E-Mail Address:** | | |  | |
| **Add’l Contact Person:** | | |  | **Contact’s Cell Number:** | | | |  |

**I understand** that the school Student Council advisor is responsible for the conduct and grooming, as described in the Retreat information, of each Student Council member attending; that each Student Council member and advisor will be required to take part in Retreat activities; that no student will leave the workshop area except in case of emergency and with permission of the Director. The adult advisor attending hereby grants the person in charge of the workshop permission to obtain medical help if needed and releases the school, the Retreat site, TASC organization and its personnel from liability for any occurrence or accident in relation to said workshop. Photos taken during the workshop may be used by TASC in publications. **All participants agree to stay through the entire program and follow TASC expectation.**

**I understand that no less than two weeks prior to the workshop I will inform the workshop director of any special circumstances/needs/considerations (hearing, vision, mobility, dietary, emotional, gender, etc.) of any member of my delegation.**

## Please Sign Below

|  |  |
| --- | --- |
| **Signature of Advisor:** |  |
| **Name of Principal:** |  |
| **Principal’s Signature** |  |
| **Principal’s Emergency Contact #:** |  |

**Return completed forms for each student and advisor registered for the Retreat to the TASC Director at on-site registration.**

**STUDENT REGISTRATION FORM**

(Please Print or Click and Type in the Table Cells Below)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **Gender:** |  | **Age:** |  |
| **Preferred Name:** |  | | **Next Grade Level:** | |  | |
| **Home Address:** |  | | **Home** **Phone:** | |  | |
| **City/State/Zip:** |  | | **Cell Phone Number:** | |  | |
| **E-Mail Address:** |  | | | | | |
| **Advisor Name** |  | | **School District:** | |  | |
| **School Name:** |  | | **School City/State/Zip:** | |  | |
| **School Address:** |  | | | | | |
| **If there are special needs or circumstances (dietary, physical, gender, emotional) regarding this student, the advisor must contact the TASC director personally at least three weeks prior to workshop.** | |  | | | | |

**I understand** that the school Student Council advisor is responsible for the conduct and grooming, as described in the Retreat information, of each Student Council member attending; that each Student Council member and advisor will be required to take part in Retreat activities; that no student will leave the premises except in case of emergency and with permission of the Director. The adult advisor attending hereby grants the person in charge of the workshop permission to obtain medical help if needed and releases the school, the workshop site, TASC organization and its personnel from liability for any occurrence or accident in relation to said workshop. **All participants agree to stay through the entire workshop program and follow expectations on Student Commitment Form.**

## Please Sign Below

|  |  |
| --- | --- |
| **Signature of Student:** |  |
| **Signature of Advisor:** |  |
| **Signature of Parent(s) or Guardian:** |  |
| **Name of Principal:** |  |

**Photos taken during the event may be used by TASC in publications.**

**Signatures on this form indicate approval to use photos.**

**Texas Association of Student Councils**

**MEDICAL RELEASE AND PERMISSION FORM (Student)**

(Print or click and type into table cells.) Advisors, return a copy of this to the director at onsite registration and keep a copy for travel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Home Phone:** |  | |
| **Address:** |  | **City/State/Zip:** |  | |
| **Gender: (M or F)** |  | **Birthdate: (M/D/Y)** | |  |
| **Workshop Attending:** |  | **Workshop Dates:** | |  |

**EMERGENCY INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian:** | |  | | | **Work Phone:** |  | |
| **Other Emergency Contact:** | |  | | | **Phone:** |  | |
| **Physician’s Name:** | |  | | | **Phone:** |  | |
| **Who is responsible for medical payments? Name:** | | | |  | | | |
| **Best phone Number(s):** |  | | | | | | |
| **If Insured, Medical Insurance Co. Name:** | | |  | | | | |
| **Address:** |  | | | | **City/State/Zip:** | |  |
| **Name of Insured:** |  | | | | | | |
| **NOTE: Please ensure that the student travels with an insurance card. If this is not possible, attach a copy of the insurance card of the primary insured person. If a student is uninsured, it will be the responsibility of the school advisor to assume full payment for services if necessary.** | | | | | | | |

**BRIEF MEDICAL HISTORY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Concerns (dietary, physical, emotional, gender, etc.) The advisor must inform the director of these needs at least 3 weeks prior to workshop.** | | | | | | | |  | | | | | | |
| **Allergic to any medications?** | | | **Yes: ☐ No: ☐** | | | | **If yes, please list:** | | |  | | | | |
| **Current Medications:** | |  | | | | | | | | | **Dosage per day:** | | |  |
| **NOTE: If you are taking medication regularly, please bring a supply in a labeled container.** | | | | | | | | | | | | | | |
| **Asthma:** | **Yes:** **☐ No:** **☐** | | | | **Medication:** | | | |  | | | | | |
| **Diabetes:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | | |  | | | | | |
| **Epilepsy:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | | |  | | | | | |
| **Heart:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | | |  | | | | | |
| **Should Activity be Restricted?** | | | | **Yes: ☐ No: ☐** | | | | | **If Yes, explain:** | | |  | | |
| **Are there any prescription or non-prescription drugs that should NOT be administered?** | | | | | | | | | | | | |  | |
| **The workshop staff may provide my child with:** | | | | | | **☐ Aspirin ☐ Tylenol ☐ Advil ☐ Either ☐ Neither** | | | | | | | | |

I, the parent or legal guardian of       (my child), authorize and direct the Texas Association of Student Councils to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release TASC, their employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent or Guardian Signature:** |  | **Date:** |  |

**STUDENT PARTICIPANT COMMITMENT FORM**

TASC events have a long history of excellence and success. Students participating in TASC events gain invaluable leadership experiences and training. TASC Workshops should be regarded as an extension of the school environment. General rules that apply at school will also apply at the workshop. To maximize the workshop experience for all involved and to ensure the safety of participants, all students must agree to uphold the following expectations.

**Student expectations:**

1. Delegates attend the event from start to finish.
2. TASC prefers that students do not drive themselves to/from the site. Should this be necessary, students must submit a signed waiver, relinquish their car key upon arrival, and may be expected to pay parking fees.
3. Attend all sessions at the designated times and places and wear appropriate workshop identification to all workshop activities.
4. Attendees understand students may dress casually, but attire should be neat and appropriate. The TASC dress code is as follows: All garments should meet the following standards: o   Be opaque (not see-through); o   Have sleeves (Garments with no sleeves may have a cover-up added up to bring the garment into dress code.); o   Have a front and back; o   Fit at or cover the waistline; o Not show cleavage or chest; o Be no shorter than mid-thigh; o Have no rips or holes above mid-thigh through which skin shows; and Not display or refer directly or indirectly to alcohol or alcoholic products, drugs or drug paraphernalia, tobacco or tobacco products, profanity, race, politics, violence, offensive language, gender, or sexuality; o Shorts§  Are NOT permitted at TASC events held during the school year, but§  Are permitted at summer programs and must be no shorter than mid-thigh.o   Head coverings, except for medical or religious purposes, are not to be worn when inside a building. ● this dress code may be modified for performers or participants at specific TASC events*.* The costumes and times they may be worn must be approved by a conference committee/director. (Dress code adopted by the board in 2021.)
5. Students are not allowed in any sleeping room other than the one assigned to them and may not invite any student not assigned to the room to enter.
6. Attendees are expected to observe the event curfews and other site-specific workshop rules communicated by adult staff.
7. TASC will not tolerate harassment of any kind. This includes, but is not limited to verbal, physical, or sexual harassment based on age, disability, gender, national origin, race/color, religion, sex, sexual orientation, or any other status protected by law.
8. Attendees will respect the rights and safety of others.
9. Weapons of any type are strictly prohibited at TASC functions. Any person found in the possession of an item used as a weapon or exhibiting irresponsible behavior that endangers the health, safety, or welfare of him/herself or others will be sent home from the workshop without delay at the expense of the student, his/her parents or the student’s school. Both the student’s principal and parents will be notified. Local and campus authorities may be contacted.
10. Students understand the use or possession or being under the influence of alcohol, illegal drugs, any controlled substances or mood-changing/mood-altering/behavior-affecting drug not prescribed for the individual in possession of the drug, or any tobacco products including electronic cigarettes, or any other electronic vaporizing device is strictly prohibited.  Any student found in the possession or under the influence of these substances will be sent home from the event without delay at the expense of the student, his/her parents/guardians, or the student’s school.  Both the student’s principal and parents/guardians will be notified. Local and campus authorities may be contacted.
11. Sexual activity of any kind is strictly prohibited. Any student found to have engaged in this will be sent home from the workshop without delay at the expense of the student, his/her parents, or the student’s school. The student’s principal and parents will be notified, and when appropriate, campus and/or local law enforcement authorities will be notified.
12. Attendees must report illegal or questionable activity to an adult immediately.

Violation of any of these guidelines could result in the student’s being sent home at the student’s, student’s parents, or school expense, along with notification to the school’s principal**. A student sent home from a TASC event because of disruption of the workshop, a violation of TASC policies or a concern for the safety of that student and/or others will not be allowed to attend another TASC state event for a calendar year**. **Your signatures below indicate that you have read the above guidelines and agree with these expectations.**

|  |  |
| --- | --- |
| **Print Student Name:** |  |
| **Print School Name:** |  |
| **Student Signature:** |  |
| **Parent/Guardian Signature** |  |
| **Advisor Signature:** |  |

*Return this signed form to the TASC director at onsite registration.*

**Texas Association of Student Councils**

**MEDICAL RELEASE AND PERMISSION FORM (Advisor)**

(Print or click and type into table cells.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Home Phone:** |  | |
| **Address:** |  | **City/State/Zip:** |  | |
| **Gender: (M or F)** |  | **Birthdate: (M/D/Y)** | |  |
| **Workshop Attending:** |  | **Workshop Dates:** | |  |

**EMERGENCY INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact** | |  | | **Work Phone:** |  | |
| **Other Emergency Contact:** | |  | | **Phone:** |  | |
| **Physician’s Name:** | |  | | **Phone:** |  | |
| **Best phone Number(s):** |  | | | | | |
| **If Insured, Medical Insurance Co. Name:** | | |  | | | |
| **Address:** |  | | | **City/State/Zip:** | |  |
|  | | | | | | |

**BRIEF MEDICAL HISTORY NEEDED FOR EMERGENCY CARE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Concerns (dietary, physical, emotional, gender, etc.)** | | | | | | |  | | | | | | |
| **Allergic to any medications?** | | | **Yes: ☐ No: ☐** | | | **If yes, please list:** | | |  | | | | |
| **Current Medications:** | |  | | | | | | | | **Dosage per day:** | | |  |
| **NOTE: If you are taking medication regularly, please bring a supply in a labeled container.** | | | | | | | | | | | | | |
| **Asthma:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | |  | | | | | |
| **Diabetes:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | |  | | | | | |
| **Epilepsy:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | |  | | | | | |
| **Heart:** | **Yes: ☐ No: ☐** | | | | **Medication:** | | |  | | | | | |
| **Should Activity be Restricted?** | | | | **Yes: ☐ No: ☐** | | | | **If Yes, explain:** | | |  | | |
| **Are there any prescription or non-prescription drugs that should NOT be administered?** | | | | | | | | | | | |  | |

I authorize and direct the Texas Association of Student Councils to obtain medical care for me in the event such care is reasonably necessary. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment for me and agree to be responsible for payment for such care. I release TASC, their employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for me.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |