

2017 TASC ADVANCED Leadership Workshops

Return completed forms for each student and advisor attending to the Workshop Site Director when you arrive.

Workshop Director:	Workshop Site:
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TASC ADVANCED LEADERSHIP 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 Phone Number:
Do you have any technical experience with videos or slideshow presentations (and you would be interested in helping)?	
List previous workshop or staff experience:	
Please list number of parking passes needed for your group:	

I understand that the school Student Council advisor is responsible for the conduct and grooming, as described in the workshop booklet, of each Student Council member attending; that each Student Council member and will be required to take part in Workshop activities; that no student or advisor 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, TASC organization and its personnel from liability for any occurrence 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 workshop program.**

***If the adult who accompanies students to the workshop is not a school employee, the ISD is responsible for the background check of that adult.**

Please Sign Below

Signature of Advisor:	
Name of Principal:	
Principal's Emergency Contact #:	

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Return completed forms for each student and advisor attending to the director when you arrive at workshop.

Workshop Director:		Workshop Site:	
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TASC ADVANCED LEADERSHIP WORKSHOP: 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:					
Have you attended a previous TASC Summer Workshop?					
Hobbies or special talents:					
Will you be an officer in Student Council next year? If yes, specify:					
Other school organizations in which you participate:					

I understand that the school Student Council advisor is responsible for the conduct and grooming, as described in the workshop booklet, of each Student Council member attending; that each Student Council member will be required to take part in Workshop activities; that no student or advisor 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, TASC organization and its personnel from liability for any occurrence in relation to said workshop. **All participants agree to stay through the entire workshop program.**

Please Sign Below

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

Student directory information notice: Workshop directors may print student directory information to be distributed to other workshop delegates. Your signatures indicate that student directory information may be printed in a workshop directory to be used by other student delegates. If you **do not** want personal directory information printed, please indicate that in writing at the bottom of this page. Photos taken during the workshop may be used by TASC in publications.

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Texas Association of Student Councils MEDICAL RELEASE AND PERMISSION FORM

(Please print or click and type into table cells.) Advisors, please keep a copy for your records. Advisors submit one also.

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:			
<p>NOTE: Please make sure that the student delegate 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.</p>			

BRIEF MEDICAL HISTORY

Special Health Concerns (allergies, disability, etc.)			
Allergic to any medications?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	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: <input type="checkbox"/> No: <input type="checkbox"/>	Medication:	
Diabetes:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Medication:	
Epilepsy:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Medication:	
Heart:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Medication:	
Should activity be restricted?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, please explain:	
Are there any prescription or non-prescription drugs that should NOT be administered?			
The workshop staff may provide my child with:	<input type="checkbox"/> Aspirin <input type="checkbox"/> Tylenol <input type="checkbox"/> Advil <input type="checkbox"/> Either <input type="checkbox"/> 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, its 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:	
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2017 TASC ADVANCED Leadership Workshops

Note: Every ADULT attending a TASC Summer Workshop must complete this form and return it to the workshop director along with the individual student and advisor registration forms.

Please print or click and type into table cells.

(ADULTS ONLY) DISCLOSURE OF PRIOR CRIMINAL CONVICTIONS

The Texas Association of Secondary School Principals is an advocate for school leaders. TASSP's youth advocacy includes the sponsorship of several youth leadership conferences and events. Therefore, it is necessary for TASSP to request the following information from you as a potential employee or volunteer, since if you are working for TASSP you may have contact with students.

Have you ever been convicted of a crime, or received a verdict other than not guilty, in any court or similar proceeding?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please describe the offense, the date of conviction, and rehabilitation undertaken. (Prior convictions do not necessarily bar employment.):	

AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize the Texas Association of Secondary School Principals (TASSP) to obtain information from my current and former employers, references, government agencies and other parties, for the purpose of verifying the statements made in my application and otherwise determining my suitability and qualifications for being either paid or volunteer staff at events sponsored by TASSP.

I authorize TASSP to conduct a background investigation including, but not limited to, an investigation of my educational, military, and criminal conviction records to ascertain any and all information that may be pertinent to my qualifications. I agree to cooperate in such investigation, and release the TASSP, its directors, employees, and agents, and all persons and entities providing such information to the TASSP, from any and all liability in regard to requesting, supplying, or disclosing such information.

***If the adult who accompanies students to the workshop is not a school employee, the ISD is responsible for the background check of that adult.**

Name:			
Signature:		Date:	
Parent/Guardian Signature (if under 18):			
Driver License Number:		State of Issue:	
Date of Birth:			
Witness Signature:		Date:	

2017 TASC ADVANCED Leadership Workshops

ADVISOR RESPONSIBILITIES & COMMITMENTS

ADVISOR RESPONSIBILITIES:

- Advisors are to review and discuss the TASC Student Participant Commitment responsibilities with their student delegates to clearly define expected and acceptable behavior and dress. Advisors must model the same attire and behavior as expected of students.
- It is the responsibility of the advisor to monitor the behavior and dress of his/her students throughout the workshop.
- If an advisor witnesses a student who is not from his/her delegation behaving inappropriately, the advisor should speak to the student or the student's advisor immediately.
- Advisors are expected to support the workshop in other ways. This will include room checks, chaperoning activities, assisting staff members, etc.
- Advisors should limit personal off campus activities and are expected to let the workshop director know where they are at all times.
- Advisors are expected to support and enforce the workshop rules and regulations and the workshop schedule.
- Advisors must attend and facilitate any scheduled meetings of their hometown council.
- Advisors will ensure that students in their delegation participate in all workshop activities and are not separate from the planned group activities.
- Advisors should ensure that students not be given permission to arrive after the start date or to leave before the final day of the workshop.

Your signatures below indicate that you have read the above guidelines and agree with these expectations/responsibilities.

Print School Name:	
Print Advisor Name:	
Advisor Signature:	
Print Principal Name:	
Principal Signature:	

Advisors, return this form to the workshop director and keep a copy for your records.

2017 TASC ADVANCED Leadership Workshops

STUDENT PARTICIPANT COMMITMENT FORM

TASC Leadership Workshops have a long history of excellence and success. Students participating in workshops 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 workshop. In order to maximize the workshop experience for all involved and to ensure the safety of participants, all delegates must agree to uphold the following expectations.

Delegate expectations:

1. Attend the workshop from start to finish. Delegates should not make plans to arrive after the start of the workshop or to leave the workshop before the final general session. Student delegates may not drive themselves to/from the workshop site.
2. Attend all workshop sessions at the designated times and places and wear appropriate workshop identification to all workshop activities.
3. Respect the rights and safety of others. Weapons of any type are strictly prohibited at TASC functions. Any person found in the possession of an item used as 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 and local and campus authorities may be contacted.
4. The use or possession of alcohol, tobacco or other illegal drugs is strictly prohibited. Any student found in the possession or under the influence of these substances 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 and local and campus authorities may be contacted.
5. Students may dress casually, but attire should be neat and appropriate. The TASC dress code is as follows: Jeans/pants and t-shirts are highly encouraged as the primary dress. Shorts are NOT permitted at TASC conferences or workshops held during the school year. Shorts are permitted at summer programs, but must be no shorter than three inches above the TOP of the kneecap. NO athletic shorts are permitted. Skirts/dresses are permitted at all events but must be no shorter than three inches above the TOP of the kneecap. All tops and dresses must have sleeves at all TASC events. Caps or hats are not to be worn when inside a building. TASC/TASC Districts retain the right to enforce a specified dress code for events outside the TASC state calendar. (Policy adopted November 2014)
6. Members of the opposite sex are not allowed in each other's sleeping rooms.
7. Observe the workshop curfews and other site specific workshop rules communicated by adult staff.
8. Report illegal or questionable activity to an adult.

A violation of any of these guidelines could result in the delegate being sent home, along with notification to the school's principal. TASC would much prefer that everyone have a meaningful, exciting and safe workshop experience.

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:	

Advisors, return this form to the workshop director and keep a copy for your records.