**Texas Association of Student Councils**

(Print or click and type into table cells.) Advisors, leave a copy of this along with a copy of the medical release from with the director at onsite registration and keep a copy for travel.

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

**EMERGENCY INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian:** | |  | | | **Cell Phone:** |  | |
| **Other Emergency Contact:** | |  | | | **Cell 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.** | | | | | | | |

**Retreat Information**

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| **Location** | **Courtyard by Marriott River Village in New Braunfels** | | |
| **Travel** | **Student will be driven by** |  | **A medical release will be kept by advisor & on site** |
| **Site** | | | |
| **The hotel has a large grassy area with room for volleyball, horseshoes, etc. There is a pool onsite. The property also** | | | |
| **has river access. During free time, students may be outside and are instructed to swim only in the marked area. Adults will be nearby, but there is no lifeguard. Please indicate if your student has permission to swim.** | | | |
| **My student has permission to swim: Yes:  No:** | | | |
|  | | | |

I, the parent or legal guardian of (my child), authorize and direct the Texas Association of Student Councils and/or his/her advisor to obtain medical care for my child in the event such care is reasonably necessary. I also herby release the Texas Association of Student Councils, the school, and its personnel from liability in relation to this event. I affirm that my student and I understand the following guidelines:

* This is a school sponsored trip and all school rules do apply.
* Students may dress casually and should follow TASC dress code.
* Students are expected to follow CDC guidelines regarding COVID 19.
* Students will be given curfews which they are expected to follow.
* Students may not leave the hotel grounds without an advisor.
* Students are not to be in any sleeping rooms other than their own.
* Students failing to follow guidelines will be sent home and will not be allowed to participate in another TASC State Event for the next year.

Signature indicates that parent or guardian has read additional TASC information regarding CDC guidelines and this event.

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