



# An Avalanche of Leaders!

2009 Fall Leadership Conference



## REGISTRATION FORM

School Name: \_\_\_\_\_ Advisor: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

NOTE: Please complete the attached list of advisors and participants and submit it with this form.  
If parents/chaperones wish to attend the game only, tickets are \$22 each.

### REGISTRATION:

Cost: \$50 per attendee

\$22 per parent/chaperone for game only

(Due by October 15, 2009 along with this registration form,  
Code of Conduct and Personal Liability Forms)

\_\_\_\_\_ Students

\_\_\_\_\_ Advisors

\_\_\_\_\_ Total Registrants x \$50 each \_\_\_\_\_

\_\_\_\_\_ Parents/Chaperones x \$22 each \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

### Number of T-Shirts and Sizes

\_\_\_\_\_ Small                      \_\_\_\_\_ Medium                      \_\_\_\_\_ Large

\_\_\_\_\_ XL                              \_\_\_\_\_ XL                              \_\_\_\_\_ XXL

### SEND REGISTRATION AND CHECK TO:

Colorado SkillsUSA  
9101 E. Lowry Blvd.  
Denver, CO 80230



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## REGISTRATION FORM - LIST OF ATTENDEES

| Attendee Name(s) | Student/Advisor | Shirt Size |
|------------------|-----------------|------------|
| 1.               |                 |            |
| 2.               |                 |            |
| 3.               |                 |            |
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| 30.              |                 |            |



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### Personal Liability/Medical Release/Photograph Release Form

All children, students, and adults attending the 2009 Fall Leadership Conference sponsored event MUST complete this form in order to participate. Parents and chapter advisors: please make a copy of this completed form for your own records.

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Participant Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ School: \_\_\_\_\_  
 School Address (Including City/State/Zip): \_\_\_\_\_  
 School Telephone: \_\_\_\_\_

**Medical Information**

1. Allergies (medications, food, etc.): \_\_\_\_\_  
\_\_\_\_\_ )
2. Current Medications: \_\_\_\_\_
3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Physician's Name: \_\_\_\_\_ Physician's telephone: \_\_\_\_\_
5. Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_
6. Group Number: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_
7. Emergency Contact: \_\_\_\_\_ Contact Phone/Cell Number: \_\_\_\_\_

"I herby agree to release SkillsUSA Colorado and Colorado TSA, their representatives, agents, servants and employees from liability for, and injury to above named person, at any time while attending any SkillsUSA Colorado or Colorado TSA conference or sponsored event."

" I do voluntarily authorize SkillsUSA Colorado or Colorado TSA local chapter advisors, state advisor, state director, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless National SkillsUSA, SkillsUSA Colorado, Colorado TSA, and/or assistants and designees from any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician, member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending any SkillsUSA Colorado or Colorado TSA sponsored activity, including time traveling to and from the said activity."

"I permit SkillsUSA Colorado and/or Colorado TSA to use video footage and photo graphs of my student for publicity that might include but is not limited to: website, Powerpoint presentations, promotional video, flyers or news publications."

\_\_\_\_\_  
 Signature of parent or guardian (if child or student) Date

\_\_\_\_\_  
 Participants or advisor's signature Date

**A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE EVENT AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.**



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### Code of Conduct

- Teachers/advisors will assume full responsibility that participants abide by the SkillsUSA Colorado or Colorado TSA dress code and Code of Conduct at all times including travel to and from the event.
- Participants shall be prompt and prepared for all activities. All participants shall behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or SkillsUSA Colorado or Colorado TSA. Participants should wear name badges at all times.
- Participants agree not to consume or have in possession any alcoholic beverages or non-prescription narcotics, or smoke or use other tobacco products during the conference.
- Conduct not conducive to an educational conference will not be tolerated. Examples of unacceptable conduct includes, but is not limited to, disrupting a businesslike atmosphere, consorting with non-conference individuals or any activities which will endanger self or others.
- Participants are expected to attend all sessions. Student participants shall not leave the conference premises without the permission from their advisor. Participants shall keep their advisors informed of their activities and whereabouts at all times.
- Participants shall respect the conference property of which they are a guest and will pay for any property damage or loss that occurs due to their actions while attending the conference.
- Participants violating any of the rules of conduct may subject their entire delegation to being asked to leave the conference.
- Participants may be sent home at their own expense for violating any of these rules of conduct.

It is expected that each student attending the conference will take this Code of Conduct with a positive attitude so that SkillsUSA Colorado and Colorado TSA will continue to have the respect of education, business partners and the general public.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the Code of Conduct. I have informed my son/daughter of the importance of his/her conforming to its provisions.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the Code of Conduct. I have instructed my students of the importance of his/her conforming to its provisions. I understand that I am responsible for said student's actions while participating at the conference.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

