

Read the other side of this form. Then, complete the *entire* form. Type or print clearly. You must wear your name badge *at all times* during the conference.

1 Complete this entire section.

Participant's home address is required. Do not use school address as home address.

E-mail address is required. Pre-conference information will be sent electronically.

SkillsUSA State Association: California			Parents'/Guardians' Names (if participant is under age 18):		
Check one: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College/Postsecondary Division			Parents' Telephone Number (area code required): ()		
Participant's Name (First, Last) as it should appear on name badge:			Name of Teacher/Adult accompanying participant to conference, if applicable:		
Participant's HOME Address:			Name of SkillsUSA Advisor for participant's occupational area:		
City:	State: CA	ZIP Code:	School where participant's occupational training/trade area is taught: Paso Robles High School		
HOME Telephone (area code required): ()		CELL Phone (area code required): ()		Mailing Address of above school: 801 Niblick Road	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	City: Paso Robles	State: CA	ZIP Code: 93446
E-MAIL address (to receive important instructions/contest updates before conference):			School Telephone Number (area code required): (805) 769-1500		

2 Contestants and models only, complete this section.

Check if officer candidate. All others, complete this section. NTHS? Check:

Check one: <input type="checkbox"/> Contestant		<input type="checkbox"/> Esthetics Model		Contest Abbreviation: and Name (from cover sheet) in which competing:	
		<input type="checkbox"/> Nail Care Model		Occupational Training/Trade Area in which contestant is enrolled:	
Graduation Year _____					
<input type="checkbox"/> National Officer Candidate					
Check one: <input type="checkbox"/> Advisor (Teacher)		<input type="checkbox"/> Courtesy Corps Advisor*		<input type="checkbox"/> State Association Director	
<input type="checkbox"/> Delegate		<input type="checkbox"/> Courtesy Corps Student* <small>(*State director approval required)</small>		<input type="checkbox"/> State Association Director's Spouse/Child	
				<input type="checkbox"/> Observer/Other	
<input type="checkbox"/> National Technical Honor Society: Student Member				<input type="checkbox"/> National Technical Honor Society: Advisor	

3 Medical and Insurance Information. Complete this entire section.

Participants should carry a copy of their insurance card at all times during the conference.

If the participant doesn't have insurance, check where noted.

Name of Person to Contact in Event of Emergency:		Name of Person Responsible for Participant's Medical Bills:	
Contact Person's HOME Telephone Number (area code required): ()		Participant's Relationship to Person Responsible for Medical Bills (example: son, daughter):	
Contact Person's WORK Telephone Number (area code required): ()		Participant: Do you have a history of (check all that apply): Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Heart condition? <input type="checkbox"/> No <input type="checkbox"/> Yes Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes Epilepsy? <input type="checkbox"/> No <input type="checkbox"/> Yes Rheumatic fever? <input type="checkbox"/> No <input type="checkbox"/> Yes Other existing medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please explain:	
Contact Person's CELL Telephone Number (area code required): ()			
Name of Family Physician: Physician's Telephone Number: ()			
Name of Insurance Company:			
Name of Insured:			
Insured's Plan Number:		Participant: Are you taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Insured's Group Number:		If "yes," please attach description on separate sheet.	
Insurance Company's Telephone Number for Member Services: ()		Participant: When did you last have a tetanus shot?	
Insurance Company's Telephone Number for Precertification: ()		Check "yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). <input type="checkbox"/> Yes We will contact you for further information.	
If participant does not have any medical insurance, check here: <input type="checkbox"/>			

4 Check the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

PARTICIPANTS — CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST:

PARENT/GUARDIAN — CHECK HERE TO ATTEST FOR PARTICIPANT: (MANDATORY IF PARTICIPANT IS UNDER AGE 18)

SkillsUSA

Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc., its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the SkillsUSA National Leadership and Skills Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA National Leadership and Skills Conference medical services coordinator, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow **emergency medical treatment** to be administered as needed. Any further treatment will require parental/guardian consultation.

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

Having read and understood completely the "Code of Conduct" of SkillsUSA Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian check this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for parent/guardian approval. All participants must check this form.

Release of Personal Information Through Lead Retrieval System

Each participant name tag at the SkillsUSA National Leadership and Skills Conference will include a barcode that includes personal information.

I understand that by giving my verbal permission to vendors and staff associated with the conference, this information will be used for follow-up after the conference. Personal information will include name, e-mail address, mailing address, training program and contest area, where appropriate.

By checking the box on the other side, I acknowledge my understanding of this statement.

Parent Printed Name

Parent Signature

Code of Conduct Agreement

SkillsUSA's National Leadership and Skills Conference is designed to be an educational function, and all plans are made with that objective. It is SkillsUSA's most significant meeting of the year, with thousands of students attending from all over the nation. It is approved as a major educational activity by the National Association of Secondary School Principals and the National Association of State Supervisors of Trade and Industrial Education.

SkillsUSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation's greatest student organization.

In order that everyone may receive the maximum benefits from participation, the "Code of Conduct," as established by SkillsUSA's national board of directors, 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. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

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. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel without the express permission of my advisor or state association director. Should I receive permission, I will leave a written notice of where I will be.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor or state association director informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA attire and not smoke while wearing it.
11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
12. 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 disciplinary 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.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for immediate removal from office and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participants from the participant's state could be disqualified as well.
2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name on the other side of this page.

Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA's national headquarters permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA's headquarters permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA's national headquarters 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 SkillsUSA's national headquarters 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. I do hereby waive all personal claims, causes of action or damages against SkillsUSA's national headquarters and the employees thereof arising from a performance or appearance.

Student Printed Name

Student Signature