



California Delegation Application

National Association of Student Councils

2015 Convention June 25-28, 2015 • Albuquerque, NM



Full Name _____ **What year of school will you be in, in 2015-2016?** _____
 (Your legal name as it appears on your driver's license or student ID card, for travel purposes)

First Name for Name Badge if Different from Above _____
Gender Male Female **Shirt Size** S M L XL XXL **Birthdate** _____

Mailing Address _____
City _____ **State** _____ **Zip code** _____

Personal Email _____ **Phone Number** _____
 (If you do not have a personal email, please list an email address where you could still receive notices and updated information. i.e. advisor or parent)

School Name _____
School Address _____

City _____ **State** _____ **Zip code** _____
Advisor's Name _____ **School Phone** _____

Principal's Name _____ **Principal's Email** _____

My student has **NO special health** needs the staff should be aware of and NO medication is required on the trip.
 My student **has a special health need** _____

My student takes the following medication _____

Parent Contact Phone _____ **Alt. Phone** _____

Medical Insurance Carrier _____ **Policy #** _____ (If student is not covered please state "not covered")

Emergency Contact Person (If parents/guardian cannot be reached)
Name _____ **Relationship** _____ **Contact Phone** _____

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize California Association of Student Leaders personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by California Association of Student Leaders personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the California Association of Student Leaders has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless the California Association of Student Leaders, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Delegates will be under the supervision of a CADA/CASL designated adult who will be responsible for them. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools.

Parent/Guardian Name – Please print **Parent/Guardian Signature** **Date**

Advisor Name – Please print **Advisor Signature** **Date**

Student Name – Please print **Student Signature** **Date**

Check Visa MC Amex **CC Number** _____ **Exp Date** _____

Name on Card _____ **Signature** _____

Submit this application along with a 1-page essay on your reasons for wanting to represent California and a \$300 non-refundable* deposit payable to CADA by March 1, 2015 to CADA Central, 3540 Soquel Ave., Ste A, Santa Cruz, CA 95062
Remaining trip costs of \$300 will be due on or before May 1, 2015

Questions about registration & payment contact CADA Central at 831.464.4891 | info@cada1.org
 Questions on the program information contact Sandi Kurland | Sandra.kurland@caslboard.com | 619.957.9107 or visit www.casl1.org

*Your deposit will be refunded if you are not selected for the NASC conference.