



## CONFERENCE DELEGATE BEHAVIORS & RESPONSIBILITY

The SASC Conference is an opportunity for student leaders to gather for the purpose of meeting other student leaders, hearing quality speakers/presenters, sharing ideas, enhancing their leadership skills by actively participating in all conference sessions and experiencing the culture of the host school and the community in which it is located. The SASC is committed to the safety and well-being of every participant, student or adult, so everyone will have an enjoyable time and have a positive conference experience. The following guidelines have been developed to communicate the expectations for delegate behavior prior to the conference. Delegate and parent signatures on the **SASC Permission / Agreement Form** indicate that both have read and discussed the guidelines below and are in agreement with these expectations.

All delegates are expected to:

1. Attend all conference sessions at the designated times and places. Once the conference begins and until it ends, delegates cannot deviate from the stated schedule with alternative plans, or visit relatives or friends in the area.
2. Respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisors, presenters, and guests. Always display the appropriate mode of behavior of any student council position.
3. The following will **NOT** be allowed during presentations unless otherwise specified: cell phones/texting, hand held games, or mp3 players. Since delegates will be occupied throughout the conference, advisors should be called if a student needs to be contacted.
4. Understand that the use of alcohol, tobacco, or illegal drugs is strictly prohibited. Any student found in possession or under the influence of any illegal drug or alcohol will be expelled from the conference and turned over to his or her advisor. The student will be sent home without delay at his/her expense. An SASC representative will notify both the student's principal and parents of the infraction. Law enforcement will be notified if a delegate violates any civil or criminal laws.
5. No food or drink is allowed in general sessions.
6. Stay in a safe, supervised environment. Unsupervised students may not leave the conference at any time.
7. Respect the property of others. Students are not to take objects from conference areas or any other property or venue that is visited. Theft and vandalism will not be tolerated.
8. Acknowledge that all advisors at the SASC conference are authority figures and are to be treated as such.

**A violation of any of these guidelines could result in a student being sent home at the student's or his/her parent's expense. We appreciate your support of our mission to provide leadership-development events.**



## CONFERENCE DRESS POLICY

Conference attire is casual, yet we hope that all delegates will dress appropriately for a leadership conference throughout the event. We plan for “Be the Change” to be a tasteful event and we expect all delegates to dress accordingly. In light of this, please follow the guidelines below about conference dress:

### DELEGATE ATTIRE

- Shorts are an option for the conference provided that they are not inappropriately short.
  - Girls—long shorts (i.e. walking shorts, Bermuda shorts, school-appropriate shorts—NO “short” shorts, no athletic shorts, no cheerleading shorts, etc.
  - Boys—cargo or jean style shorts only—NO “short” shorts, no athletic shorts.
  - This “shorts rule” is a change for SASC; we are hoping to try it this year and see how it goes for the future!
- No sagging pants
- No pants with rips, tears or holds that show skin (or underwear)
- Shirts must have sleeves; no tank tops; no spaghetti straps; no low-cut shirts
- No midriff shirts; no cut-off shirts. Shirts and pants, shorts, etc. must “meet in the middle”
- Conference t-shirts may not be altered in any way until after the conference ends
- No hats/caps worn inside
- No bare feet at any time

### STAGE ATTIRE

Anyone who appears on stage as a candidate, to give a speech, etc. must be dressed in business attire. On-stage attire guidelines are as follows:

- Girls—skirts must come to at least the crease in the back of the knee
- Dresses, shirts, tops must have sleeves
- Guys must wear ties and long sleeved shirts
- Pants must not sag
- No flip flops or tennis shoes on stage
- No shorts or jeans

\*Candidate skits must follow conference attire but are an exception to stage attire.



# STUDENT REGISTRATION FORM

**Print legibly.** This form is **REQUIRED** for each student participating in the 2012 SASC Conference. Please fill in this form **COMPLETELY**. All information is important in the event of an emergency.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ School: \_\_\_\_\_ State: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) Gender: F or M Grade: 6 7 8 9 10 11 12

Address: \_\_\_\_\_

Number & Street

City

State

Zip

Parent's Name \_\_\_\_\_ Phone #: \_\_\_\_\_, \_\_\_\_\_

Emergency Contact Other Than Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who is responsible for medical payments? \_\_\_\_ Individual \_\_\_\_ Insurance

Medical Insurance provider, if insured \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip

**Important: Attach a copy of the FRONT and BACK of the insurance card; print your name on that page**

Delegate's Physician's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Special Health Concerns/Allergies: \_\_\_\_\_

Are you currently taking medications? Y or N If yes, please bring a supply in a **labeled** container.

Medications \_\_\_\_\_ Dosage per day \_\_\_\_\_

Are there any prescription or non-prescription drugs that should NOT be administered? \_\_\_\_ Yes \_\_\_\_ No

List prohibited medications \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the parent or legal guardians of the above-named minor, authorize the Southern Association of Student Councils, the Orange County Public School System or an adult from my child's school who is supervising my child at this conference to obtain medical care for my child in the event such care is necessary. I understand that I will be contacted, if possible, in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for any payment of such care. I release SASC and its agents, the Orange County Public School System and the conference adviser from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

**I HAVE ATTACHED A COPY OF THE DELEGATE'S MEDICAL CARD**

\_\_\_\_\_  
Signature of Student Delegate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature of Student Delegate

\_\_\_\_\_  
Date

## PARTICIPATION AGREEMENT

My signature below indicates that I have read, understand, discussed with my parent/ guardian/ advisor/ principal and agree to abide by all the rules regulations and expectations as outlined in the ***Conference Student Delegate Behavior & Responsibilities and the Conference Attire***. I understand that a violation of any conference guideline or expectation contained in either of these documents or communicated to me at the conference by any adult adviser or host school official may result in my parents, my home school adviser, and principal being notified and/ or my being sent home at my parents/ guardian's expense.

\_\_\_\_\_  
Signature of Student Delegate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature of Student Delegate

\_\_\_\_\_  
Date

## PHOTOGRAPHS/VIDEO RECORDING

By allowing my child to attend the 2012 SASC Conference, I give my permission, understand and acknowledge that he/ she may be photographed, video-taped, or audio- taped and indicated by name. Such photographs and tapes will be used only for the purpose of promoting SASC as a youth leadership organization through the association's newsletter, brochures, websites and print media.

\_\_\_\_\_  
Signature of Student Delegate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature of Student Delegate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Hands On Orlando - Volunteer Information Profile**

Please print, read and complete this form. Your signature is required to participate. Bring this form to your project. Thank you.

**NAME:****E-MAIL:****ADDRESS:****TELEPHONE:****Emergency Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_**I am an adult (age 18 or over).** Yes ☐ No ☐ If no, a guardian's signature is required (see below).**INFORMED CONSENT**

I want to become a Hands On Orlando Inc. (HOO) volunteer and understand that by volunteering, HOO is providing a free service to me. I will only perform activities that I am comfortable doing and will work at my own pace. I understand that my participation may involve physical activity, contact with unfamiliar persons and travel to and from various locations. Knowing this, I assume all risk with respect to any accidents or injuries to person or property that I may sustain, including death. In addition, I hereby release and forever indemnify HOO, its directors, officers, employees, community partners, sponsors, volunteers, affiliates, agents, designees, and successors from any and all liability or responsibility, including claims based upon the actions or inactions of any of the released parties for any damage to property or personal injury, including death. I grant HOO the right to photograph, videorecord, and interview me and give it full and perpetual permission to use resulting pictures, depictions, images and quotes in its accounts and promotions, for no financial consideration whatsoever. If I do not fully comprehend this statement I will seek legal advice before signing.

**VOLUNTEER'S SIGNATURE:** \_\_\_\_\_**PROJECT:** \_\_\_\_\_**GUARDIAN'S SIGNATURE:** \_\_\_\_\_

This is required for all volunteers under the age of eighteen.

**DATE:** © Hands On Orlando Inc.