



Northwest Association
of Independent Schools

MIDDLE SCHOOL STUDENT DIVERSITY LEADERSHIP RETREAT

February 5 - 6, 2016 • University Prep, Seattle, WA

STUDENT REGISTRATION FORM

Registration Instructions: Students and their families should complete this form and return it to their Faculty Advisor along with their Behavior Contract. Faculty Advisors will compile their student roster on the Excel spreadsheet provided with these materials and forward to NWAIS along with one check.

Please print clearly and keep a copy for your records

Student Name _____

School _____

Student email _____

Grade Level: ☐ 7 ☐ 8

Gender: ☐ Male ☐ Female

Meal Choice: ☐ Regular ☐ Vegetarian ☐ Vegan

Dietary Restrictions _____

Parent / Guardian Name _____

Best phone number to call _____

Parent / Guardian Permission

I give my student _____ permission to attend this school-sponsored event.
(Name of student)

☐ I give my permission for my student to view films rated as high as PG-13.

Signature of Parent or Guardian _____

Student's Medical Insurance Company _____

Medical Insurance Policy Number _____

Release for Emergency Medical Treatment

(I)(We) the undersigned, parent(s)/Guardian of _____ a minor, do hereby authorize NWAIS and Lakeside as agent for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and surgeon of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of NWAIS and Lakeside to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

I HAVE READ AND UNDERSTOOD THIS ENTIRE AGREEMENT BEFORE SIGNING

Signature of Parent or Guardian _____ Date: _____

**2016 NWAIS Student Diversity Leadership Retreat
Standards of Personal Conduct and Community Behavior
(One student signature per form)**

I _____ commit to attend and fully engage in the programming during the NWAIS Student Diversity Leadership Retreat. This will require that I adhere to the following Standards of Personal Conduct and Community Behavior.

I will:

- Abide by all rules and expectations of his/her current school, while attending the conference;
- Actively demonstrate the values of safety, responsibility and respect; and
- Fully engage with positive participation in all activities and discussions

I will not:

- Engage in any behavior that may be harmful to the health and safety of the participant or others, nor will the participant engage in any behavior that may be detrimental to the program;
- Leave his/her assigned area without prior permission from your school's chaperone;
- Possess, use or consume any illegal drugs, alcoholic beverage or tobacco products; and
- Engage in physical affection or sexual behavior

Any infraction or disregard for the Standards of Personal Conduct and Community Behavior will result in the participant's immediate dismissal from the Conference.

Student Signature

Date