

## 2019 NSA Youth Leadership Conference Registration

### July 27 – July 30 | Gaylord Rockies | Denver, CO

*Please complete both pages of registration form. Please complete a separate registration form for each youth.*

Youth's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 First Name for Badge: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age by July 27, 2019: \_\_\_\_\_  
 Youth's Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Parent/Guardian's Email Address: \_\_\_\_\_

**Print name of NSA member or guardian who will attend the parent/youth orientation on Saturday, July 27, from 12:45pm – 2:00pm**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Will youth be attending the Youth Dinner Dance on Tuesday, July 30, from 6:00-9:30pm?  Yes  No

T-shirt size (adult sizes):  Small  Medium  Large  X-Large

**Youth Registration Fee: \$650 - to be paid prior to submitting this form**

**Cancellation Policy:** Cancellation of events will be subject to a \$150 administrative fee up to 30 days prior to the event. There are no cancellations within 30 days of the start of an event.

**Please note:** A youth cannot be accepted for participation in the NSA Youth Leadership Conference unless the permission form below is signed by the youth's parent/guardian and the accompanying Emergency Medical form is complete. Youth must be registered and checked in no later than 12:45pm Saturday, July 27, 2019.

**Youth Release:**

In consideration of your acceptance of my child in the National Speakers Association Youth Leadership Conference for 2019, I understand that this is a voluntary service that is provided by NSA, but the continued care and well-being of my youth is still my sole responsibility. Therefore, in consideration of your providing this service, I hereby release, discharge and hold and save harmless NSA, the Gaylord Rockies, their respective officers, directors, employees and agents, and each of them from and against any and all liability, claims and damages resulting in any way from my youth participating in or otherwise permitted to participate in the Leadership Conference. I understand that it is still my responsibility for the safety and health of my youth even though he/she may be a participant in the Youth Leadership Conference. I hereby authorize NSA and program sponsors, in the event of misconduct, emergency, accident or illness, to take whatever steps they deem necessary or appropriate, including the obtaining of medical or emergency treatment for my youth. In the event of misconduct, I understand my youth may be removed and not allowed to further participate in the program. Any costs incurred as a result of misconduct, emergency or illness shall be paid or reimbursed by me. Furthermore, **I understand that it is my responsibility to pick up my youth from the program.** Unless notified in advance, if my youth is not picked up within 15 minutes after the designated pick up times, NSA is authorized to surrender my youth hotel security to supervise until a legal guardian is reached.

**I understand that I must attend the Parent/Youth Orientation on Saturday afternoon, July 27, with my youth in order for him/her to participate in this program. This is required regardless of how many years my youth has been attending the NSA Youth Leadership Conference.**

Print Parent/Guardian Name: \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Youth Name: \_\_\_\_\_ Youth Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION, SIGN AND RETURN YOUTH REGISTRATION FORM WITH PAYMENT AND EMERGENCY MEDICAL CONSENT FORM WITHIN TWO WEEKS OF ONLINE REGISTRATION PAYMENT TO:**

**NSA YOUTH LEADERSHIP CONFERENCE | 1500 S PRIEST DR | TEMPE, AZ 85281  
 PHONE: (480) 968-2552 | FAX: (480) 968-0911 | EMAIL: MEETINGS@NSASPEAKER.ORG**

## Notice of Privacy Policy

By submitting this form, I expressly agree to the following:

- That my information may be accessed and used by NSA, its employees and agents, including 3rd party suppliers, such as badge printing.
- That my information may be shared with other registered attendees for this event, including but not limited to Youth Conference volunteer staff/leaders.
- That I have read and agreed to NSA's Privacy Policy. (<https://www.nsaspeaker.org/privacy/>)
- That I have read and agreed to NSA's Term of Use. (<https://www.nsaspeaker.org/terms/>)
- That I have read and agreed to NSA's Conduct Policy. (<https://www.nsaspeaker.org/conduct-policy/>)
- That I have read and agreed to NSA's Code of Ethics. (<https://www.nsaspeaker.org/code-of-ethics/>)

## 2019 NSA Youth Leadership Conference Registration Emergency Medical Consent and History

*Please complete and sign a medical consent form for each youth registrant*

**Purpose:** To permit parents/guardians to authorize the provision of emergency treatment for youth who become ill or injured while attending the 2019 NSA Youth Leadership Conference when parents/guardians cannot be reached. NSA volunteers and/or staff are prohibited from administering medications of any kind including but not limited to aspirins or prescriptions.

Youth's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Part I – Emergency Contact Information

Onsite Contact Name: _____	Relationship to youth: _____	Cell phone: _____
Onsite Contact Name: _____	Relationship to youth: _____	Cell phone: _____
Legal Guardian's Name (if applicable): _____	Relationship to youth: _____	Cell phone: _____

Hotel youth and adult are staying:  Gaylord Rockies      Other: \_\_\_\_\_

### Part II – Consent for Emergency Medical Treatment

I, \_\_\_\_\_, (parent and/or legal guardian) of \_\_\_\_\_, (youth) understand that in the case of a medical emergency, NSA reserves the right to immediately call emergency services and I hereby give my permission for any/all emergency treatment deemed necessary by a licensed practitioner on my youth during the period of time specified below. This consent is valid from July 27-30, 2019.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any/all treatment deemed necessary by a licensed practitioner. I authorize the transportation of the youth to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of one other licensed physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Emergency personnel instructions regarding child's medical treatment: \_\_\_\_\_  
\_\_\_\_\_

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

### Part III – Youth's Medical History

Medical history will only be shared with medical personnel in the case of an emergency.

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus injection: \_\_\_\_\_

Are there any current medical or emotional issues we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

How should we handle these situations? \_\_\_\_\_

Are there any food, drug or other allergies we should be aware of not already listed above? \_\_\_\_\_

What should be done if these are consumed? \_\_\_\_\_

Please list any medications currently being taken: \_\_\_\_\_