

Parental Consent for Student Participation Form

We are excited you're attending! Please review and complete the attached documents. Any strikeouts or changes to these forms will prevent your child from attending. Please save a copy of the forms.

Please complete and return to your student's teacher/chaperone by April 15, 2014. Chaperones must submit all completed paperwork to the University of Louisville by May 1, 2014.

PLEASE PRINT OR TYPE and be sure to add the required signatures.

Student's Full Name: _____

School Name: _____

_____ I require vegetarian meals.

_____ Other dietary concerns or special needs requirements (please provide details):

As the parent/legal guardian of the participating student named above, I give my consent for him/her to participate in all activities associated with the NCSSSMST 2014 Student Conference. I understand that includes travel to and from the University of Louisville and all conference sites.

I hereby release, discharge, and covenant not to sue the NCSSSMST, the University of Louisville, agents, officers, servants and employees, and persons, firms, or corporations contracted with, or acting on behalf of these groups, with respect to the activities of the 2014 Student Conference, as well as their heirs, executors, administrators, successors, or assigns, from all claims, demands, rights and any cause of action, including but not limited to injury, property damage and death, of any nature whatsoever arising from my child's voluntary participation in the activities of the 2014 Student Conference. I further understand that the acceptance of this release discharge and covenant not to sue the above mentioned agencies shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, Institution, its members, officers, agents, and employees.

Printed Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Student Behavioral Contract Form

NOTE: The Student Behavioral Contract is a two-page document.

NCSSSMST conference attendees have established a record of good behavior, primarily because the rules are clearly spelled out in the following contract, which must be reviewed, signed, and returned with the registration package. Students must read the rules and sign this document to indicate they accept the responsibility for good behavior throughout the conference. Parents of students also are required to sign the Behavioral Contract in order to release the student into the care of the teacher/chaperone approved and designated by the school. The teacher/chaperone of any student who is found in violation of the Student Behavioral Contract may attend the NCSSSMST Board of Directors meeting to represent the student who has committed an infraction of the conference rules. Students represent their schools and the NCSSSMST, as well as their families. Therefore, the student conference rules below are to be followed:

- Conference curfew is 10 pm. No room visitations are allowed after curfew.
- Smoking is prohibited. (The University of Louisville is a no smoking campus.)
- Use of alcohol, illegal drugs, and possessing weapons are prohibited. Any student found in possession of, under the influence of, and/or supplying other students with weapons, alcohol, or drugs will be dealt with by the appropriate conference, university, and local authorities.
- Displays of affection and sexual activities are prohibited.
- Students of the opposite sex may not visit other residence hall rooms unless the teacher/chaperone is present and supervising the group.
- Students are to make their whereabouts known to their teacher/chaperone at all times and refrain from going anywhere alone. (A set perimeter will be established during check-in so students are clear about where they are allowed to be at all times.)
- Students are to wear appropriate clothing at all times. Shirts and shoes must be worn at all times.
- The students are responsible for damages to the housing, conference sites, equipment, or property and must pay for the damages before the close of the conference.
- Students are to conduct themselves in a considerate and respectful manner while at their residence hall and conference site.
- No food may be prepared in the dorm rooms including jam, butter, cheese, opening canned foods, and bottles.
- Dorm rooms that are not your own are OFF LIMITS.
- You are expected to maintain your room neatly and orderly.
- All valuables must be locked before you leave your room unattended.

A STUDENT WHO VIOLATES ANY OF THESE RULES WILL FACE ONE OR MORE OF THE FOLLOWING CONSEQUENCES:

- Notification of teacher/chaperone
- Notification of parents
- Notification of school principal/director
- Suspension of student from NCSSSMST conference activities with confinement to the dorm room
- Immediate dismissal from the conference with transportation at parents' expense

Student Behavioral Contract Form (Continued)

PLEASE PRINT OR TYPE:

Student's Full Name: _____

School Name: _____

Required Signatures:

STUDENT:

"I understand the rules set forth by the NCSSSMST 2014 Student Research Conference and agree to obey them."

Student Signature

Date

PARENT/LEGAL GUARDIAN:

"I understand the rules my son/daughter must follow during the NCSSSMST Conference and I release him/her to the care of the teacher or chaperone approved and designated by the school. I agree to reimburse the school or conference or sponsor for damages caused by my son/daughter or expenses incurred by breaking any of the NCSSSMST Student Conference Rules."

Printed Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date

Medical & Emergency Contact Information Form

PLEASE PRINT OR TYPE:

Student's Full Name: _____

School Name: _____

Student Information:

Birth Date: _____ Gender: Male ___ Female ___

Home Address: _____

City, State, Zip _____

Emergency Notification: (at least one must be filled in but preferably two)

Parent 1 – Home Phone: _____ Work: _____

Cell Phone: _____

Parent 2 – Home Phone: _____ Work: _____

Cell Phone: _____

Legal Guardian – Home _____ Phone: Work: _____

Cell Phone: _____ Relationship to Student: _____

First Preferred Emergency Contact: Phone: _____

Second Preferred Emergency Contact: Phone: _____

Third Preferred Emergency Contact: Phone: _____

Insurance Provider's Information: Please attach a copy of the insurance card (front and back)

Provider's Name and Policy Number: _____

Contract/Group Number: _____

Provider's Phone Number: _____

Insurer's Name: _____

Medical Information:

Primary Care Physician Name: _____

Primary Care Physician Phone: _____

Medical & Emergency Contact Information Form
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Student Name: _____

School: _____

Medical Condition(s):

Drug Allergy(ies): _____

Food Allergy (ies): _____

Current Medications and Dosages: _____

Dietary Requirements and/or Restrictions: _____

Date of Last Tetanus Shot: _____

Other:

Medical Release Form

PLEASE PRINT OR TYPE:

Student Name: _____

School Name: _____

Consent to Medical Care and Treatment:

Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact the parent/guardian, but a completed consent form will expedite treatment.

“I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician(s) or hospital, if attempts to contact me have been unsuccessful, and the attending physician(s), including disclosure of medical information to appropriate medical personnel, deem it advisable to proceed with such treatment(s). I also warranty that the major medical health insurance listed above covers my child for all activities, and in all jurisdictions associated with this conference, and I understand that I am responsible for the cost of all emergency medical care provided, including any deductibles or treatment denied by my carrier for any reason.”

Printed Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date

Photo and Video Release

“I hereby give permission, as the parent/legal guardian of the participating student named above, to the NCSSSMST and the University of Louisville for the use and reproduction of any video footage, photographs or voice recordings of the participating student. I understand that the use of the participant's image and voice will be primarily for the purposes of education and/or promotion by these organizations. All video footage, photographs, and voice recordings shall be the property of NCSSSMST and the University of Louisville.”

Printed Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date

Signature of Student

Date