**Return completed forms for each student and advisor registered to the Workshop Site Director at on-site registration  
Submit information regarding attendees via Google form AT LEAST three weeks prior to the workshop.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop Director:** |  | **Workshop Site:** |  |

**TASC SUMMER WORKSHOP: ADVISOR REGISTRATION FORM**

(Please Print or Click and Type in the Table Cells Below)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advisor's Last Name:** | |  | | | **First Name:** |  | | | |
| **Preferred Name:** |  | | | | **Gender:** |  | | | |
| **School Address:** |  | | | | | | | | |
| **City / State / Zip:** |  | | | | **School Name:** | |  | | |
| **Home Address:** |  | | | | | | | | |
| **City/State/Zip:** |  | | | | | | | | |
| **Home Phone Number:** | | |  | | **Work Number:** | | |  | |
| **Cell Phone Number:** | | |  | | **E-Mail Address:** | | |  | |
| **Add’l Contact Person:** | | |  | | **Contact’s Cell Number:** | | | |  |
| **Do you have any technical experience with videos or slideshow presentations (and you would be interested in helping)?** | | | | | | | | | |
|  | | | | | | | | | |
| **List previous workshop or staff experience:** | | | | | | | | | |
|  | | | | | | | | | |
| **Please list number of parking passes needed for your group:** | | | |  | | | | | |

**I understand** that the school Student Council advisor is responsible for the conduct and grooming, as described in the workshop booklet, of each Student Council member attending; that each Student Council member and advisor will be required to take part in Summer Workshop activities; that no student or advisor will leave the workshop area except in case of emergency and with permission of the Director. The adult advisor attending hereby grants the person in charge of the workshop permission to obtain medical help if needed and releases the school, the workshop site, TASC organization and its personnel from liability for any occurrence or accident in relation to said workshop. Photos taken during the workshop may be used by TASC in publications. **All participants agree to stay through the entire workshop program and follow expectations on Advisor Commitment Form.**

**I understand that no less than two weeks prior to the workshop I will inform the workshop director of any special circumstances/needs/considerations (hearing, vision, mobility, dietary, emotional, gender, etc.) of any member of my delegation.**

**I understand I must pass a test after participating in Sexual Abuse & Molestation Prevention training. My principal and I certify that I have had a local, state, and national criminal background check and a national sex offender registry check. (The ISD/school is responsible for the background check of that of any adult approved by the principal to serve as an advisor at a TASC Summer Leadership Workshop.)**

## Please Sign Below

|  |  |
| --- | --- |
| **Signature of Advisor:** |  |
| **Name of Principal:** |  |
| **Principal’s Signature** |  |
| **Principal’s Emergency Contact #:** |  |

**Return completed forms for each student and advisor registered for the workshop   
to the Workshop Site Director at on-site registration  
Submit information regarding attendees via Google form AT LEAST three weeks prior to the workshop.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop Director:** |  | **Workshop Site:** |  |

**TASC SUMMER WORKSHOP: STUDENT REGISTRATION FORM**

(Please Print or Click and Type in the Table Cells Below)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **Gender:** |  | **Age:** |  |
| **Preferred Name:** |  | | **Next Grade Level:** | |  | |
| **Home Address:** |  | | **Home** **Phone:** | |  | |
| **City/State/Zip:** |  | | **Cell Phone Number:** | |  | |
| **E-Mail Address:** |  | | | | | |
| **Advisor Name** |  | | **School District:** | |  | |
| **School Name:** |  | | **School City/State/Zip:** | |  | |
| **School Address:** |  | | | | | |
| **Have you attended a previous TASC Summer Workshop?** | | |  | | | |
| **If there are special needs or circumstances (dietary, physical, gender, emotional) regarding this student, the advisor must contact the workshop director personally at least three weeks prior to workshop.** | |  | | | | |

**I understand** that the school Student Council advisor is responsible for the conduct and grooming, as described in the workshop booklet, of each Student Council member attending; that each Student Council member and advisor will be required to take part in Summer Workshop activities; that no student or advisor will leave the workshop area except in case of emergency and with permission of the Director. The adult advisor attending hereby grants the person in charge of the workshop permission to obtain medical help if needed and releases the school, the workshop site, TASC organization and its personnel from liability for any occurrence or accident in relation to said workshop. **All participants agree to stay through the entire workshop program and follow expectations on Student Commitment Form.**

## Please Sign Below

|  |  |
| --- | --- |
| **Signature of Student:** |  |
| **Signature of Advisor:** |  |
| **Signature of Parent(s) or Guardian:** |  |
| **Name of Principal:** |  |

**Photos taken during the workshop may be used by TASC in publications.**

**Signatures on this form indicate approval to use photos.**

**Texas Association of Student Councils**

**MEDICAL RELEASE AND PERMISSION FORM**

(Print or click and type into table cells.) Advisors, return a copy of this to the director at onsite registration and keep a copy for travel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Home Phone:** |  | |
| **Address:** |  | **City/State/Zip:** |  | |
| **Gender: (M or F)** |  | **Birthdate: (M/D/Y)** | |  |
| **Workshop Attending:** |  | **Workshop Dates:** | |  |

**EMERGENCY INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian:** | |  | | | **Work Phone:** |  | |
| **Other Emergency Contact:** | |  | | | **Phone:** |  | |
| **Physician’s Name:** | |  | | | **Phone:** |  | |
| **Who is responsible for medical payments? Name:** | | | |  | | | |
| **Best phone Number(s):** |  | | | | | | |
| **If Insured, Medical Insurance Co. Name:** | | |  | | | | |
| **Address:** |  | | | | **City/State/Zip:** | |  |
| **Name of Insured:** |  | | | | | | |
| **NOTE: Please ensure that the student travels with an insurance card. If this is not possible, attach a copy of the insurance card of the primary insured person. If a student is uninsured, it will be the responsibility of the school advisor to assume full payment for services if necessary.** | | | | | | | |

**BRIEF MEDICAL HISTORY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Concerns (dietary, physical, emotional, gender, etc.) The advisor must inform the director of these needs at least 3 weeks prior to workshop.** | | | | | | | |  | | | | | | |
| **Allergic to any medications?** | | | **Yes:**  **No:** | | | | **If yes, please list:** | | |  | | | | |
| **Current Medications:** | |  | | | | | | | | | **Dosage per day:** | | |  |
| **NOTE: If you are taking medication regularly, please bring a supply in a labeled container.** | | | | | | | | | | | | | | |
| **Asthma:** | **Yes:**  **No:** | | | | **Medication:** | | | |  | | | | | |
| **Diabetes:** | **Yes:**  **No:** | | | | **Medication:** | | | |  | | | | | |
| **Epilepsy:** | **Yes:**  **No:** | | | | **Medication:** | | | |  | | | | | |
| **Heart:** | **Yes:**  **No:** | | | | **Medication:** | | | |  | | | | | |
| **Should Activity be Restricted?** | | | | **Yes:**   **No:** | | | | | **If Yes, explain:** | | |  | | |
| **Are there any prescription or non-prescription drugs that should NOT be administered?** | | | | | | | | | | | | |  | |
| **The workshop staff may provide my child with:** | | | | | | **Aspirin**  **Tylenol**  **Advil**  **Either**  **Neither** | | | | | | | | |

I, the parent or legal guardian of       (my child), authorize and direct the Texas Association of Student Councils to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release TASC, Southwestern University, their employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent or Guardian Signature:** |  | **Date:** |  |

**Note: Every ADULT attending a TASC Summer Workshop must complete this form and return it to the workshop director along with the individual student and advisor registration forms.**

**Please print or click and type into table cells.**

**(Adults) DISCLOSURE OF PRIOR CRIMINAL CONVICTIONS**

The Texas Association of Student Councils is an advocate for school leaders. TASC's youth advocacy includes the sponsorship of several youth leadership conferences and events. TASC wishes to do all it can to make the youth participants at these events safe and secure. Therefore, it is necessary for TASC to request the following information from you as a potential employee or volunteer because you may have contact with students.

|  |  |
| --- | --- |
| Have you ever been convicted of a crime, or received a verdict other than not guilty, in any court or similar proceeding? | **Yes: ☐ No: ☐** |
| If yes, please describe the offense, the date of conviction, and rehabilitation undertaken. (Prior convictions do not necessarily bar employment.): | |
|  | |

I understand I must pass a test after participating in Sexual Abuse & Molestation Prevention training. My principal and I certify that I have had a local, state, and national criminal background check and a national sex offender registry check. (The ISD/school is responsible for the background check of that of any adult approved by the principal to serve as an advisor at a TASC Summer Leadership Workshop.)

\_\_\_\_\_\_\_\_\_\_\_ (Advisor, please initial.)

\_\_\_\_\_\_\_\_\_\_\_ (Principal, please initial.)

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Texas Association of Student Councils (TASCP) to obtain information from my current and former employers, references, government agencies, and other parties, for the purpose of verifying the statements made in my application and otherwise determining my suitability and qualifications for being either paid or volunteer staff at events sponsored by TASC.

I authorize TASC to conduct a background investigation including, but not limited to, an investigation of my educational, military, and criminal conviction records to ascertain any and all information that may be pertinent to my qualifications. I agree to cooperate in such investigation and release the TASC, its directors, employees, and agents, and all persons and entities providing such information to the TASC, from any and all liability in regard to requesting, supplying, or disclosing such information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | | | |
| **Signature:** |  | | | | **Date:** |  |
| **Parent/Guardian Signature (if under 18):** | | |  | | | |
| **Driver License Number:** | |  | | **State of Issue:** | |  |
| **Date of Birth:** | |  | | | | |
| **Witness Signature:** | |  | | | **Date:** |  |

**ADVISOR RESPONSIBILITIES & COMMITMENTS**

The mission of TASC Summer Leadership Workshops is to help all students and advisors discover and develop their leadership potential as they gather the tools to run effective student councils back home. A student council is a group of students working WITH an adult advisor to improve a local campus and community. Congratulations on choosing to be a part of that endeavor. All students attending the workshop must be accompanied by a school advisor or principal designee. Get involved at the workshop with your students - you’ll be glad you did!

**ADVISOR RESPONSIBILITIES:**

* Advisors are to review and discuss the TASC Student Participant Commitment responsibilities with their students to clearly define expected and acceptable behavior and dress. Advisors must model the same attire and behavior as expected of students.
* It is the responsibility of the advisor to monitor the behavior and dress of his/her students throughout the workshop.
* If an advisor witnesses a student who is not from his/her delegation behaving inappropriately, the advisor should speak to the student or the student’s advisor immediately.
* Advisors who are not on staff are expected to support the workshop in other ways. This will include room checks, chaperoning activities, assisting staff members, etc.
* Advisors should limit personal off-campus activities and are expected to let the workshop director know where they are and how to reach them when off-campus.
* Advisors are expected to support and enforce the workshop rules and regulations and the workshop schedule.
* Advisors must attend and facilitate any scheduled meetings of their hometown council.
* Advisors will ensure that students in their delegation participate in all workshop activities and are not separate from the planned group activities.
* Advisors should ensure that students not be given permission to arrive after the start date or to leave before the final day of the workshop.
* All advisors on campus must participate in Abuse and Molestation Prevention Training and pass the accompanying test.
* All advisors on campus must certify they have had local, state, and national background checks as well as a national sex offender registry check.

**Your signatures below indicate that you have read and understand the guidelines on the Advisor and Student Commitment Forms and agree with these expectations/responsibilities.**

|  |  |
| --- | --- |
| **Print School Name:** |  |
| **Print Advisor Name:** |  |
| **Advisor Signature:** |  |
| **Print Principal Name:** |  |
| **Principal Signature:** |  |
| **Principal’s Emergency (nighttime) phone number** |  |

*Advisors, return this form to the workshop director at onsite registration.*

**STUDENT PARTICIPANT COMMITMENT FORM**

TASC Summer Leadership Workshops have a long history of excellence and success. Students participating in workshops gain invaluable leadership experiences and training. TASC Workshops should be regarded as an extension of the school environment. General rules that apply at school will also apply at the workshop. To maximize the workshop experience for all involved and to ensure the safety of participants, all students must agree to uphold the following expectations.

**Student expectations:**

1. Delegates attend the workshop from start to finish.
2. TASC prefers that students do not drive themselves to/from the workshop site. Should this be necessary, students must submit a signed waiver, relinquish their car key upon arrival, and may be expected to pay parking fees.
3. Attendees room with someone from a different school.
4. Attend all workshop sessions at the designated times and places and wear appropriate workshop identification to all workshop activities.
5. Attendees understand students may dress casually, but attire should be neat and appropriate. The TASC dress code is as follows: All garments should meet the following standards: Be opaque (not see-through); Have sleeves (Garments with no sleeves may have a cover-up added up to bring the garment into dress code.); Have a front and back; Fit at or cover the waistline; Not show cleavage or chest; Be no shorter than mid-thigh; Have no rips or holes above mid-thigh through which skin shows; and Not display or refer directly or indirectly to alcohol or alcoholic products, drugs or drug paraphernalia, tobacco or tobacco products, profanity, race, politics, violence, offensive language, gender, or sexuality; Shorts Are NOT permitted at TASC events held during the school year, but Are permitted at summer programs and must be no shorter than mid-thigh. Head coverings, except for medical or religious purposes, are not to be worn when inside a building. This dress code may be modified for performers or participants at specific TASC events. The costumes and times they may be worn must be approved by a conference committee/director. (Dress code adopted by the board in 2021.)
6. Students are not allowed in any sleeping room other than the one assigned to them and may not invite any student not assigned to the room to enter.
7. Attendees are expected to observe the workshop curfews and other site-specific workshop rules communicated by adult staff.
8. TASC will not tolerate harassment of any kind. This includes, but is not limited to verbal, physical, or sexual harassment based on age, disability, gender, national origin, race/color, religion, sex, sexual orientation, or any other status protected by law.
9. Attendees will respect the rights and safety of others.
10. Weapons of any type are strictly prohibited at TASC functions. Any person found in the possession of an item used as a weapon or exhibiting irresponsible behavior that endangers the health, safety, or welfare of him/herself or others will be sent home from the workshop without delay at the expense of the student, his/her parents or the student’s school. Both the student’s principal and parents will be notified. Local and campus authorities may be contacted.
11. Attendees understand the use or possession or being under the influence of alcohol, illegal drugs, any controlled substances or mood-changing/mood-altering/behavior-affecting drug not prescribed for the individual in possession of the drug, or any tobacco products including electronic cigarettes, or any other electronic vaporizing device is strictly prohibited.  Any student found in the possession or under the influence of these substances will be sent home from the workshop without delay at the expense of the student, his/her parents/guardians, or the student’s school.  Both the student’s principal and parents/guardians will be notified. Local and campus authorities may be contacted.
12. Sexual activity of any kind is strictly prohibited. Any student found to have engaged in this will be sent home from the workshop without delay at the expense of the student, his/her parents, or the student’s school. The student’s principal and parents will be notified, and when appropriate, campus and/or local law enforcement authorities will be notified.
13. Attendees must report illegal or questionable activity to an adult immediately.

Violation of any of these guidelines could result in the student’s being sent home at the student’s, student’s parents, or school expense, along with notification to the school’s principal**. A student sent home from a TASC event because of disruption of the workshop, a violation of TASC policies or a concern for the safety of that student and/or others will not be allowed to attend another TASC state event for a calendar year**. **Your signatures below indicate that you have read the above guidelines and agree with these expectations.**

|  |  |
| --- | --- |
| **Print Student Name:** |  |
| **Print School Name:** |  |
| **Student Signature:** |  |
| **Parent/Guardian Signature** |  |
| **Advisor Signature:** |  |

*Return this signed form to the workshop director at onsite registration.*