



CASL REGISTRATION FORM CHECKLIST



Did you know as a CADA member your school delegates are automatically members of CASL?

Before mailing in your registration form please be sure you have double checked all the following to ensure you have properly completed your CASL Conference registration form.

Incomplete forms may delay the process of your registration.

Dates to remember: Early Bird Cut-Off: Registrations postmarked by **January 31, 2020**

- Receive **School Board Approval** if necessary
- Current CADA/CASL membership (REQUIRED):** Individual \$110 or School \$250
- Registration form/Insurance/Medical Information** for each student filled out completely with parent/guardian signature
- Special Meal Requests:** Each registration form designates yes or no for **vegetarian**
- Make sure each registration/medical form has **student's signature**
- Make sure each registration/medical form has **advisor's signature**
- Make sure each registration/medical form has **parent/guardian signature**
- Indicate requested **shirt size** for each student **by circling** it on registration form + rooming list
(If not indicated, default size is an Adult Medium)
- Each student is listed in the **rooming list** – *if sharing with another school, your registration will not be finalized until all forms from all shared schools are received (may delay registration)*
- A completed **registration form** for each advisor
- Each attending advisor is listed in the **rooming list**
- The proper amount for **payment** is included – **No Purchase Orders**
- Early Bird Cut off:** Registration postmarked by **January 31, 2020** will receive a discounted rate

Please **DO NOT** send payment separately from your form.

This event has sold out historically. Please note: registration is based on a first paid, first serve basis with completed paperwork and full payment required at the time of submission.

For questions on CADA/CASL membership, rooming, and registration please contact:

Call/Text CADA Central at 831.464.4891
or email info@cada1.org

For questions on Meet the Pros, CASL State Board Elections, Scholarships, CASL Conference curriculum contact:

Sandi Kurland by phone at 619.957.9107
or email leadership@cada1.org

Registration Cut-Off: Registrations must be received no later than February 28, 2020

Refund Cut-Off: Request must be received by February 28, 2020

Substitution Cut-Off: All forms for substitute delegates must be received by March 13, 2020

Meet the Pros: Application deadline is February 3, 2020

State Board Election Applications: Application deadline is February 3, 2020

CADA/CASL will not be held responsible for any lost or stolen items, personal property accountability is the responsibility of every student, faculty, and staff. Each individual must take reasonable precautions to protect his or her personal property.

ASSUMPTION OF RISKS: *By registering for this event, I hereby assume all of the risks of participating in all activities at CADA/CASL Events, including but not limited to, any risks that may arise from the negligence or carelessness of CADA/CASL, their subsidiaries, affiliates, directors, officers, employees, partners, contractors, agents, representatives, volunteers, successors and assigns (collectively, the "Host") and/or from dangerous or defective equipment or property owned, maintained, operated or controlled by the Host.*

(A) I WAIVE, RELEASE, AND DISCHARGE the Host from any and all liability, including but not limited to, liability arising from the negligence of the Host or myself, for my death, disability, personal injury, property damage, property theft, or any other damage or actions of any kind which may affect or impact me in any way arising from the Activity.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Host from any and all liabilities or claims made as a result of my participation in the Activity, whether caused by the negligence of the Host, myself, or otherwise.



ROOMING LIST COVER PAGE CASL 2020



SCHOOL NAME: _____ MIDDLE SCHOOL HIGH SCHOOL

Advisor: _____ Cell Phone: _____

Sharing rooms with another school: Yes No School(s) sharing with: _____

Arriving to conference by: Bus Plane Car

If arriving by bus, would you like to utilize your bus to travel to the offsite event: Yes No First time to CASL? Yes No

Is your CADA Membership current? (MEM REQUIRED) Yes No, Need to renew/join \$110 Individual Membership \$250 School Membership

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Total # of Rooms: _____ Total # of Advisors: _____ Total # of Students: _____

Total Vegetarians: _____ # T-shirts: _____ S _____ M _____ L _____ XL _____ XXL _____ Area: _____

Please assign your students & advisors to rooms in the boxes below. CASL pricing is based on room cost, so it is in your best interest to fill the rooms. See back for helpful hints.

- This sheet is the cover and must be accompanied with all completed student and advisor paperwork together with full payment
- This event has sold out historically. Please note; registration is based on a first paid, first serve basis with completed paperwork & full payment required at the time of submission. **There is a max of 36 students per school allowed.**
- **Attach to this cover sheet** – a registration form and full payment for **each** registrant.
- **Early Bird Cut-off** – Registration postmarked **by January 31, 2020** will receive the discounted rate.
- **No Refunds after February 28, 2020**– substitutions only (see reverse side for details).
- **Deadline to register** – All registrations must be postmarked no later than **February 28, 2020**.

	Early Bird	Regular
Student Prices:	Postmarked by 1/31	Postmarked by 2/28
4 to a room	\$395 each	\$425 each
3 to a room	\$420 each	\$450 each
2 to a room	\$470 each	\$500 each
1 to a room	\$570 each	\$600 each

	Early Bird	Regular
Advisor Prices:	Postmarked by 1/31	Postmarked by 2/28
2 to a room	\$370 each	\$420 each
1 to a room	\$495 each	\$545 each

STUDENTS

ROOM 1	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	\$
Student 2:			<input type="checkbox"/>	\$
Student 3:			<input type="checkbox"/>	\$
Student 4:			<input type="checkbox"/>	\$
ROOM 3	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	\$
Student 2:			<input type="checkbox"/>	\$
Student 3:			<input type="checkbox"/>	\$
Student 4:			<input type="checkbox"/>	\$

ROOM 2	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	\$
Student 2:			<input type="checkbox"/>	\$
Student 3:			<input type="checkbox"/>	\$
Student 4:			<input type="checkbox"/>	\$
ROOM 4	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	\$
Student 2:			<input type="checkbox"/>	\$
Student 3:			<input type="checkbox"/>	\$
Student 4:			<input type="checkbox"/>	\$

ADVISORS

ROOM 1	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Advisor 1:			<input type="checkbox"/>	\$
Advisor 2:			<input type="checkbox"/>	\$

ROOM 2	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Advisor 1:			<input type="checkbox"/>	\$
Advisor 2:			<input type="checkbox"/>	\$

PAYMENT INFORMATION:

Submitting incomplete forms or failing to provide required materials & full payment may significantly delay your registration.

NO PURCHASE ORDERS ACCEPTED

Check (payable to CADA) Visa MasterCard Amex

Credit Card #: _____

Name on Card: _____

Signature: _____

Exp Date: _____

Please see other side for CASL Conference Policies

PAYMENT TOTALS:

Student Room 1:	\$
Student Room 2:	\$
Student Room 3:	\$
Student Room 4:	\$
Advisor Room 1:	\$
Advisor Room 2:	\$
Membership Fee:	\$
GRAND TOTAL:	\$

CADA / CASL Membership Application

You must be current CADA/CASL member to attend the CASL Conference. If you or someone at your school are not currently a member of CADA/CASL, please visit www.CADA1.org/joincada to download the membership application. Complete and submit the form with payment at the same time as your CASL Conference Registration. Attendees located outside the state of California do not need to be CADA/CASL members to attend.

CASL Conference Policies

1. Registration: Accepted on a space available basis only. We sell out, so register early to guarantee your spot. CADA/CASL will not be held responsible for any lost or stolen items, personal property accountability is the responsibility of every student, faculty, and staff. Each individual must take reasonable precautions to protect his or her personal property

2. Delegation Size Limit:

- a. **Over 8 students (3 rooms) 1 Advisor required.**
- b. **Over 12 students (4 rooms) 1 Advisor required.**
- c. **Over 16 students (5 rooms +) 2 Advisors required.**
- d. **If over 16 students, you must call Sandi Kurland (619) 957-9107 or email leadership@cada1.org**
- e. **There is a max of 36 students per school allowed.**

3. This is a residence program only. All participants are expected to stay in the conference hotel with the rest of the delegates.

No "drive in" delegates. There is no discount for students/advisors not staying at the hotel.

4. Assigning Roommates: To keep the costs down, you may want to fill each room. **Please note CADA/CASL does not coordinate sharing of rooms.** Suggestions:

- a. Find more kids at your school who may not already be active but are interested in leadership.
- b. Look outside of your school to other schools in your city, district, Area, etc. **(If you are sharing rooms with another school it may cause delays in the registration process and may cause delays onsite with room key assignments.) Please note CADA/CASL does not coordinate sharing of rooms.**
- c. Look at the Rooming List forum on www.cada1.org located in the Members Only section.
- d. **Please Note:** If students are rooming two to a room, the room layout may be a king bed only. Students rooming three to a room, the room layout may be a king bed with a rollaway.
- e. **Please Note:** We will attempt to room advisors near to their students; however, it is possible that advisors may not be roomed next to their students.

5. Adult/Student Room Sharing: The only circumstance under which an adult and student may share a room is if they are parent and child. **No exceptions.**

6. Lodging: The CASL Conference will be held at the Doubletree Hotel Ontario and Ontario Convention Center. Lodging will be held at the DoubleTree Hotel and Ontario Gateway Hotel. Registration price includes hotel for two nights.

CASL will be utilizing two hotels for the 2020 CASL Conference in Ontario. Housing will be assigned on a first-come first-serve basis. Delegates will be placed in a hotel based on order of registration receipt. Completed registration forms and payment are required to be considered registered. The order in which delegates will be housed is as follows: **DoubleTree Hotel Ontario Airport** and the **Ontario Gateway Hotel**.

Please note: Attendees will be lodged at both the Double Tree and the Ontario Gateway. Rooming will be based on first come first served and upon availability.

7. Important Registration Dates:

- a. Early Bird Cut-Off: Registrations postmarked before **January 31, 2020** will receive a discounted rate
- b. Refund Cut-Off: Request must be received by **February 28, 2020**
- c. Registration Cut-Off: Registrations must be postmarked no later than **February 28, 2020**
- d. Substitution Cut-Off: All forms for substitute delegates must be received by **March 13, 2020**
- e. Conference Times: Onsite check-in is from 10am to noon and the conference ends at 12:30 pm on the last day

8. Conference Payments:

- a. CADA is not able to process Purchase Orders – **Absolutely NO Purchase Orders will be accepted**
- b. **Full payments only** – no deposits

9. Cancellations and Refunds:

- a. **Cancellations Prior to the Conference** – Refunds may be given with written notice received no later than **February 28, 2020**. There will be a **\$50 administrative fee per person deducted from your refund**. Please send cancellation requests to info@cada1.org
- b. **Substitutions** will only be accepted in writing with a replacement delegate. **All substitutes** are subject to a **\$35 administration fee** and must be received by **March 13, 2020 with complete paperwork**. You must provide a delegate of the same gender to replace you and he/she must provide all completed and signed forms. **You are responsible for finding your own replacement delegate**. Please send substitution requests to info@cada1.org

10. Return completed registration form packet:

- a. Summary / Rooming List Cover Page
- b. Registration forms for each delegate and advisor
- c. Completed CADA/CASL Membership Application, if applicable
- d. Payments for each delegate, advisor, and membership, if applicable. Please DO NOT send payment separately from your form.
- e. **Submitting incomplete forms or failing to provide required materials & full payment may significantly delay your registration.**

11. Return Registration Packet to:

CADA / CASL Central
3121 Park Ave, Suite C, Soquel, CA 95073
Phone/Text: 831.464.4891 – Fax: 831.576.1515
info@cada1.org



CASL State Conference Registration
MS: March 26 – 28, 2020 | HS: March 28 – 30, 2020
EACH STUDENT & ADVISOR MUST COMPLETE & RETURN THIS FORM



First Name: _____ Last Name: _____
 School Name: _____
 Home Address: _____
 City: _____ State: _____ Zip code: _____
 Email: _____ Home Phone: _____
 Advisor in Charge: _____ Parent/Guardian Name: _____
 Parent Contact Phone: _____ Alt. Phone: _____

Gender: Male Female I am a(n): Student Advisor Vegetarian: Yes No I am in: Middle School High School
 Adult Shirt Size: S M L XL XXL (IF NO SHIRT SIZE SELECTED – REGISTRANT WILL RECEIVE **ADULT MEDIUM**)

STUDENT MEDICAL INFORMATION: (students only – not needed for advisors)

Medical Insurance Carrier: _____ Policy #: _____
 Check this box if your student does **NOT have any Medical Insurance**
 My student has a special health need: _____
 My student takes the following medication: _____

EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: _____ Relationship: _____ Contact Phone: _____

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize CADA/CASL personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by CADA/CASL personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand CADA/CASL has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand any and all such costs shall be my sole responsibility. I understand I indemnify and hold harmless the CADA/CASL, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense. By signing below each student agrees to the following: Parent, guarding, advisor, or public carrier must transport students. Students must NOT drive themselves to the conference. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated conference advisor will administer medications if applicable. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only. *CADA/CASL will not be held responsible for any lost or stolen items, personal property accountability is the responsibility of every student, faculty, and staff.* Each individual must take reasonable precautions to protect his or her personal property ASSUMPTION OF RISKS: By registering for this event, I hereby assume all of the risks of participating in all activities at CADA/CASL Events, including but not limited to, any risks that may arise from the negligence or carelessness of CADA/CASL, their subsidiaries, affiliates, directors, officers, employees, partners, contractors, agents, representatives, volunteers, successors and assigns (collectively, the "Host") and/or from dangerous or defective equipment or property owned, maintained, operated or controlled by the Host. (A) I WAIVE, RELEASE, AND DISCHARGE the Host from any and all liability, including but not limited to, liability arising from the negligence of the Host or myself, for my death, disability, personal injury, property damage, property theft, or any other damage or actions of any kind which may affect or impact me in any way arising from the Activity. (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Host from any and all liabilities or claims made as a result of my participation in the Activity, whether caused by the negligence of the Host, myself, or otherwise.

Parent/Guardian Name – Please print	Parent/Guardian Signature	Date
Adviser Name – Please print	Adviser Signature	Date
Student Name – Please print	Student Signature	Date

PAYMENT INFORMATION – NO PURCHASE ORDERS

Check Visa MC Amex Amount: _____
 CC Number: _____ Expiration Date: _____
 Name on Card _____ Signature _____

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 Questions about registration & payment call/text CADA Central at 831.464.4891 | info@cada1.org
 Questions on the program information contact Sandi Kurland | leadership@cada1.org | 619.957.9107 or visit www.casl1.org