



California Delegation Application

National Association of Student Councils (NatStuCo)

2020 Convention | June 19- 24, 2020 | Centennial, CO

Legal Name (as it appears on your Drivers License, or Student ID): _____

First Name: _____ Current Grade Level: _____ Graduation Year: _____

Nearest Airport: ☐SF ☐SJ ☐SAC ☐LAX ☐SD Distance from Airport: _____ miles Time From Airport: _____ mins

Gender: ☐Male ☐Female Shirt Size: ☐S ☐M ☐L ☐XL ☐2XL Birthday (MM/DD/YY): ____/____/____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Personal Email: _____ Phone Number: _____

- ☐ My student has NO special health needs the staff should be aware of and NO medication is required on the trip.
☐ My student has a special health need

My student takes the following medication: _____

Parent Contact Name: _____ Relationship: _____

Parent Contact Phone: _____ Alt. Phone: _____

Parent Contact Email: _____

Medical Insurance Carrier: _____ Policy # _____
(If student is not covered state "not covered")

Emergency Contact Person (If parent/guardian cannot be reached)

Name: _____ Relationship: _____ Contact Phone: _____

School Information

School Name: _____ School Address: _____

City: _____ State: _____ Zip Code: _____

Advisor's Name: _____ Advisor's Phone: _____

Advisor's Email: _____ School Phone: _____

Principal's Name: _____ NatStuCo School # _____

Principal's Email: _____



In the event child should need emergency medical treatment while participating on this field trip, I hereby authorize CADA personnel to use their own judgement in obtaining emergency medical services for him/her. I further authorize any individual selected by CADA personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand CADA 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, its officials, employees, and agents including volunteers, from 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: Delegates will be under the supervision of a CADA/CASL designated adult who will be responsible for them. 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 gender. 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.

Parent/Guardian Name - Please Print	Parent/Guardian Signature	Date
Advisor Name - Please Print	Advisor Signature	Date
Student Name - Please Print	Student Signature	Date

Payment Information	
<input type="checkbox"/> Check or	
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex CC # _____	Exp. Date: _____
Name on Card _____	Signature _____

Submit this application along with a 1-page essay on your reasons for wanting to represent California and a \$600 non-refundable* deposit payable to CADA by Feb 3, 2020 to CADA Central, 3121 Park Ave., Ste.C, Soquel, CA 95073
Remaining trip costs of \$600 will be due on or before April 3, 2020

Questions about registration & payment contact CADA Central at 831.464.4891 | info@cada1.org
Questions on the program information contact Sandi Kurland | leadership@cada1.org | 619.957.9107
*deposit will be refunded if not selected for the NatStuCo Conference

