



**California Delegation Application
National Association of Student Councils (NatStuCo)
2019 Convention June 21-26, 2019 * McDonald, Pa**



Full Name _____ **Grade Level (as of August 2019)** _____

(Your legal name as it appears on your driver's license or student ID card, for travel purposes)

First Name for Name Badge if Different from Above _____

What is the closest airport to you? What is the distance in time?

Gender Male Female **Shirt Size** S M L XL XXL **Birthdate** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Personal Email _____

(If you do not have a personal email, please list an email address where you could still receive notices and updated information. i.e. advisor or parent)

Phone Number _____

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 _____

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 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** _____



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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

Check Visa MC 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 \$450 non-refundable* deposit payable to CADA by March 1, 2019 to CADA Central, 3121 Park Ave., Ste.C, Soquel, CA 95073
Remaining trip costs of \$450 will be due on or before April 12, 2019**

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 NasStuCo Conference