



CASL State Conference Registration

MS: April 4 - April 6, 2019 | HS: April 6 - April 8, 2019



**EACH STUDENT MUST COMPLETE & BRING ONSITE. ADVISORS SHOULD BRING TWO COPIES ONSITE:
ONE FOR CASL REGISTRATION & ONE FOR YOUR RECORDS.**

First Name: _____ Last Name: _____

School Name: _____

Advisor in Charge: _____ Advisor Cellphone: _____

Parent/Guardian Name: _____

Parent Contact Phone: _____ Alt. Phone: _____

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

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

Cancellations & Refunds: Cancellations Prior to the Conference – Refunds may be given with written notice received no later than **March 8, 2019**. There will be a \$50 administrative fee per person deducted from your refund. Please send cancellation requests to info@cada1.org.

Substitutions will only be accepted in writing with a replacement delegate and a \$35 administration fee. You must provide a delegate of the same gender to replace you and he/she must provide all completed and signed forms. Replacement delegate forms must be received **by March 15, 2019**. You are responsible for finding your own replacement delegate. Please send substitution requests to info@cada1.org.