



SkillsUSA Maryland Conference

REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Read the other side of this form. Then, complete the *entire* form. Type or print clearly. You must wear your name badge *at all times* during the conference.

SkillsUSA State Association: Maryland			Parents'/Guardians' Names (if participant is under age 18):		
Check one: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College/Postsecondary Division			Parents/ Telephone Number (area code required):		
Participant's Name (First, Last) as it should appear on name badge			Name of Teacher/Adult accompanying participant to conference, if applicable:		
Participant's Home Address:			Name of SkillsUSA Advisor for participant's occupational area:		
City:	State:	ZIP Code:	School Where participant's occupational training/trade area is taught:		
Home Telephone (area code required):		Cell Phone (area code required):		Mailing address or above school:	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	City:	State:	ZIP Code:
E-mail address:			School Telephone Number (area code required):		

Name of Person to Contact in Event of Emergency:		Name of Person Responsible for Participant's Medical Bills:																																				
Contact Person's HOME Telephone Number (area code required):		Participant's Relationship to Person Responsible for Medical Bill																																				
Contact Person's WORK Telephone Number (area code required):		Participant: Do you have a history of (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Allergies?</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> </tr> <tr> <td>Heart condition?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Diabetes?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Asthma?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Epilepsy?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Rheumatic fever?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Other existing medical conditions?</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> </table> If "yes" please explain:		Allergies?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Heart condition?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Diabetes?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Asthma?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Epilepsy?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Rheumatic fever?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Other existing medical conditions?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Other existing medical conditions?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes																																		
Contact Person's CELL Telephone Number (area code required):																																						
Name of Family Physician:																																						
Name of Insurance Company:																																						
Name of Insured:																																						
Insured's Plan Number:		Participant: Are you taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes																																				
Insured's Group Number:		If "yes" please attach description on separate sheet.																																				
Insurance Company's Telephone Number for Member Services:		Participant: When did you last have a tetanus shot?																																				
Insurance Company's Telephone Number for Precertification:		Check "yes" if participant has a disability that meets criteria Specified in the Americans with Disabilities Act (ADA). <input type="checkbox"/> Yes																																				
If participant does not have any medical insurance, check here: <input type="checkbox"/>		We will contact you for further information.																																				

I have read and completely understand the personal Liability and Medical Release Form, the Code of Conduct, and Photography and Sound Release agreements, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

**PARTICIPANTS –
CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST:**

**PARENT/GUARDIAN – CHECK HERE TO ATTEST FOR PARTICIPANT:
(MANDATORY IF PARTICIPANT IS UNDER AGE 18)**

_____ Signature _____ Date

_____ Signature _____ Date



Code of Conduct

The SkillsUSA Maryland Fall Leadership and the Maryland Leadership and Skills Conferences are designed to be an educational function, and all plans are made with that objective. These are SkillsUSA Maryland’s most significant meetings of the year, with hundreds of students attending from the entire state. They are both integral functions for SkillsUSA Maryland and are supported by the Maryland State Department of Education.

SkillsUSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation’s greatest student organization.

To ensure that everyone may receive the maximum benefits from participation, the “Code of Conduct,” as established by SkillsUSA Maryland’s board of directors, must be followed at all times.

By voluntarily participating, you agree to follow the official rules and regulations or forfeit your personal rights to participate. SkillsUSA Maryland is proud of its students and knows that by signing this “Code of Conduct” you are simply reaffirming your dedication to be the best possible representative of your chapter.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. When in the same hotel room with a member of the opposite sex the door shall remain completely open at all times, unless the person is my spouse.
5. I will not smoke. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. Prescription drugs will be handled per my school’s policies.
6. I will not leave the hotel/motel without the express permission of my advisor.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
11. I will adhere to the dress code at all required times.

Violations of items 1-6 will be grounds for immediate removal from the conference and relinquishment of any awards and/or recognition. In addition, the violator will be sent home at his/her own expense. Notification of the violation and the action taken will be sent to the participant’s lead advisor and parents or guardians. Participants from the participant’s school could be disqualified as well.

Violations of items 7-11 will result in a warning and a reprimand. Notification of the violation and the action taken will be sent to the participant’s lead advisor and parents or guardians. Repeated violations of items 7-11 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name on this page

Name (printed)

School/Chapter

Signature

Date