

# SkillsUSA Nebraska

## Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc., SkillsUSA Nebraska and its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending any or all of the SkillsUSA Nebraska conferences, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA Nebraska Leadership and Skills Conference medical services coordinator, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc., Nebraska SkillsUSA and said medical services coordinator and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA.

Audio or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). Otherwise, this form will be returned for parental/guardian approval. All participants must sign this form.

## Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA Nebraska permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA Nebraska permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

## Code of Conduct Agreement

SkillsUSA Nebraska Leadership and Skills Conference is designed to be an educational function, and all plans are made with that objective. It is SkillsUSA Nebraska's most significant meeting of the year, with thousands of students attending from all over the state. It is approved as a major educational activity by the National Association of Secondary School Principals and the Association for Skilled and Technical Sciences.

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 SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA Nebraska's "Code of Conduct," as established by its executive council, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA 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 state.

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. I will not remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my legal spouse.
5. 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. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel without the express permission of my local chapter advisor. Should I receive permission, I will leave a written notice of where I will be.
7. My conduct shall be exemplary at all times.
8. I will keep my local chapter advisor or SkillsUSA State Advisor informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA attire and not smoke while wearing it.
11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
12. I will adhere to the dress code at all required times.

## Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for immediate removal from office or competition and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's local school district administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the candidates or competitors from the participant's local school and chapter could be disqualified as well.
2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's local school district administrator and parents or guardians. Repeated violations of Items 7 through 12 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 the other side of this page.

Further, I hereby relinquish to SkillsUSA Nebraska all rights, title, interest in and income from the finished sound or silent motion pictures, still pictures and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA Nebraska the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me.

My agreement to perform under camera, lighting and stated conditions is voluntary. I do hereby waive all personal claims, causes of action or damages against SkillsUSA Nebraska and the employees thereof arising from a performance or appearance.

I hereby authorize SkillsUSA Nebraska to display my picture, school information (school, address, and telephone number) and email address on the Nebraska SkillsUSA web site.

Indicate with an "x" which conference this form is being used for (may be used for multiple conferences)

- Fall Leadership Conference   
  Mid-America Conference   
  State Conference  
 Middle School Conference   
  Other: \_\_\_\_\_

## Medical Release Form

Local Chapter:	Parents' Names
Check one: <input type="radio"/> Secondary Division <input type="radio"/> Postsecondary Division  <input type="radio"/> Middle School Division	Parents' Telephone Number (area code required)
Participates Name (First, Last) as it should appear on name badge:	Name of Teacher accompanying participate
Participant's Home Address:	School:
City:    State:    Zip Code	Mailing address of school:
Home Telephone Number (area code required) (     )                      -	City:    State:    Zip Code:
Age:                      Date of Birth:                      Circle one: Male    Female	School telephone Number (area code required): (     )                      -
Circle one: Participant    Advisor    Administrator    Other	Occupational Training Area:

## Emergency & Medical Information

**Photocopy your insurance card and attach the copy to this form.**

Name of Person to Contact in event of emergency:	Name of person responsible for Participants Medical Bills:
Contact Person's home phone Number (area code required): (     )                      -	Participant's Relationship to Person responsible for Medical Bills
Contact Person's work phone (with area code): (     )                      -	Participant: Do you have a history of Allergies? Circle one No                      Yes
Name of Family Physician:	Participant: Do you have a history of a Heart Condition: circle one    No Yes
Physician's phone number:	Participant: Do you have a history of Diabetes?                      No Yes
Name of Insurance Company:	Participant: Do you have a history of Asthma?                      No Yes
Name of Insurer:	Participant: Do you have a history of Epilepsy?                      No Yes
Insured's Plan Number:	Participant: Do you have a history of Rheumatic Fever?                      No Yes
Insured's Group Number:	Participant: Do you have other existing condition?                      No Yes
Insurance Company's phone Number for Member Services: (     )                      -	If yes, please explain:
Insurance Company's phone Number for Precertification: (     )                      -	If taking medication please provide description:
Does Participant have health Insurance: circle    NO    Yes	Participant: when did you last have a tetanus shot: Date
Circle yes if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA)    Yes	

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature if under age 18



# SkillsUSA State Leadership and Skills Conference

## Registration Form

April 2-4, 2020 • Grand Island

Registrants must sign the Medical Release Form attesting that they have read and understand the Personal Liability and Medical Release, Code of Conduct Agreement, and Photography and Sound Release. A photocopy of your insurance card should be attached to the Medical Release Form.

Complete the entire Registration Form. Type or print clearly. Please double check the information provided. This information may be used on name badges and/or in the conference program. Participants must wear their name badges at all times during the conference.

Membership Dues: \$20 Checks made out to \_\_\_\_\_

Return to your Advisor – if questions call: \_\_\_\_\_

Name:	Student ID:	Graduation Year:
Home Street Address:	Home Phone Number:	
City:	Zip:	Cell Phone Number:
Email Address:	Date of Birth (MM/DD/YY):	
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	Check one: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College / Post-Secondary Division	
Advisor:	Lunch Type: <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian	
Contest Abbreviation(s):	Name of Contest(s):	

Contest Codes & Number of Allowed Competitors (subject to change). For more information, go to [www.skillsusanebraska.org](http://www.skillsusanebraska.org)

<p><b>Trade, Industrial and Technical Contests:</b></p> <p><b>VA</b> = 3-D Visualization and Animation (2)  <b>AMF</b> = Additive Manufacturing (2-3)  <b>ADV</b> = Advertising Design (1)  <b>AD</b> = Architectural Drafting * (1)  <b>ARP</b> = Audio/Radio Production (2)  <b>MFG</b> = Automated Manufacturing Technology (3)  <b>ART</b> = Automotive Refinishing Technology (1)  <b>AST</b> = Automotive Service Technology (1)  <b>BNP</b> = Broadcast News Production (4)  <b>CM</b> = Cabinetmaking * (1)  <b>C</b> = Carpentry * (1)  <b>CP</b> = Career Pathways (1)  <b>CNCM</b> = CNC Milling Specialist (1)  <b>CNCT</b> = Turning Specialist (1)  <b>PMT</b> = CNC Technician (1)  <b>CRT</b> = Collision Repair (1)  <b>CEST</b> = Collision Estimating (1)  <b>CP</b> = Computer Programming (1)  <b>DET</b> = Diesel Equipment Technology (1)  <b>VPD</b> = Digital Cinema Production (2)  <b>PRE</b> = Early Childhood Education (1)  <b>RW</b> = Electrical Construction Wiring (1)  <b>ET</b> = Electronics Technology (1)  <b>HVACR</b> = HVACR (1)  <b>MOTR</b> = Industrial Motor Control (1)  <b>ITS</b> = Information Technology Services (1)  <b>WORK</b> = Internetworking (1)  <b>M</b> = Masonry (1)</p>	<p><b>MECH</b> = Mechatronics (2)  <b>MEI</b> = Mobile Electronics Installation (1)  <b>MRT</b> = Mobile Robotics Technology * (2)  <b>MST</b> = Motorcycle Service Technology (1)  <b>P</b> = Photography (1)  <b>PLB</b> = Plumbing (1)  <b>PET</b> = Power Equipment Technology (1)  <b>USR</b> = Robotics: Urban Search &amp; Rescue (2)  <b>SM</b> = Sheet Metal (1)  <b>TW</b> = TeamWorks * (4)  <b>TECH</b> = Technical Computer Applications (1)  <b>TD</b> = Technical Drafting * (1)  <b>TV</b> = Television/Video Production (2)  <b>WEB</b> = Web Design (2)  <b>W</b> = Welding * (1)  <b>WF</b> = Welding Fabrication * (3)  <b>WS</b> = Welding Sculpture (1)</p> <p><b>Hospitality &amp; Tourism Contests:</b></p> <p><b>CB</b> = Commercial Baking (1)  <b>CS</b> = Community Service (1-3)  <b>CO</b> = Cosmetology (1)  <b>CA</b> = Culinary Arts (1)  <b>FBS</b> = Restaurant Service (1)</p> <p><b>Leadership Development Contests:</b></p> <p><b>AS</b> = Action Skills * (1)  <b>ES</b> = Extemporaneous Speaking (1)  <b>JI</b> = Job Interview * (1)  <b>JSDA</b> = Job Skill Demonstration A * (1)</p>	<p><b>JSDB</b> = Job Skill Demonstration Open (1)  <b>PS</b> = Prepared Speech (1)  <b>QB</b> = Quiz Bowl (1)</p> <p><b>Health Science &amp; Public Safety Contests:</b></p> <p><b>BOWL</b> = Health Knowledge Bowl (4)  <b>CARE</b> = Basic Health Care Skills (1)  <b>CPR</b> = First Aid/CPR * (1)  <b>CSI</b> = Crime Scene Investigation * (3)  <b>CJ</b> = Criminal Justice (1)  <b>EMT</b> = Emergency Medical Technician (1)  <b>FF</b> = Firefighting (1)  <b>HOPP</b> = Health Occupations Portfolio (1)  <b>MA</b> = Medical Assisting (1)  <b>MM</b> = Medical Math (1)  <b>MTM</b> = Medical Terminology (1)  <b>NA</b> = Nurse Assisting (1)</p> <p><b>Occupationally Related Contests:</b></p> <p><b>CUS</b> = Customer Service (1)  <b>ENG</b> = Engineering Technology/Design (3)  <b>RTM</b> = Related Technical Math (1)</p> <p><b>State-Only Contests:</b></p> <p><b>SPMT</b> = Precision Machining Technology (1)  <b>TTPS</b> = Technical Team Problem Solving * (5)</p>
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\* = Limitations apply. Refer to the newest Contest Eligibility Guide