



GASC Leadership Summit 2016

Summit Delegate Behavior, Responsibility, and Dress Expectations

The GASC Leadership Summit is an opportunity for student leaders to gather for the purpose of meeting other student leaders, meeting elected and appointed state and national leaders, hearing quality speakers/presenters, sharing ideas, enhancing their leadership skills by actively participating in all general and breakout sessions and experiencing the culture of the capitol. The GASC is committed to the safety and well-being of every participant, student or adult, so everyone will have an enjoyable time and have a positive Summit experience. The following guidelines have been developed to communicate the expectations for delegate behavior prior to the Summit. Delegate and parent signatures on the **GASC Registration Form** indicate that both have read and discussed the guidelines below and are in agreement with these expectations.

1. Students are expected to conduct themselves as representatives of GASC at all times while at the Summit.
2. Acknowledge that all advisors/adults at the Leadership Summit are authority figures and are to be treated as such.
3. Students are expected to attend each part of the program at the designated time and place and to remain at the Summit site for the duration of the convention. Once the Summit begins and until it ends, delegates cannot deviate from the stated schedule with alternative plans.
4. During general sessions, students are expected to demonstrate respect towards other students, advisors, presenters, and guests. The following behavior should be monitored and curtailed: talking during presentations, interfering with a delegate's ability to participate, and creating an intimidating, hostile, or offensive environment.
5. Respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisors, presenters, and guests. Always display the appropriate mode of behavior of any student council position.
6. The following will **NOT** be allowed during any session, presentations, or meeting unless otherwise specified: cell phones/texting, hand held games, or mp3 players. Since delegates will be occupied throughout the Summit, **advisors should be called if a student needs to be contacted.**
7. Understand that the use of alcohol, tobacco, or illegal drugs is strictly prohibited. Any student found in possession or under the influence of any illegal drug or alcohol will be expelled from the Summit and turned over to his or her advisor. The student will be sent home without delay at his/her expense. A representative of GASC will notify both the student's principal and parents of the infraction. Law enforcement will be notified if a delegate violates any civil or criminal laws.
8. No food or drink is allowed in general sessions or breakout sessions.
9. Stay in a safe, supervised environment. Unsupervised students may not leave the Summit at any time.
10. Respect the property of others. Students are not to take objects from the Summit areas. Theft and vandalism will not be tolerated.
11. **Be dressed appropriately at all times.** Please see the required dress code.



GASC Leadership Summit 2016: STUDENT DELEGATE FORM

Print legibly. This form is **REQUIRED** for each student participating in the 2016 Leadership Summit. Please fill in this form **COMPLETELY**. All information is important in the event of an emergency.

First Name: _____ Last Name: _____ School: _____

Gender: F__ or M__ Grade: 6__ 7__ 8__ 9__ 10__ 11__ 12__ T-shirt size: __S __M __L __XL __2X __3X

Dietary Restrictions: Veg.__ Vegan__ Kosher__ Gluten__ Peanuts__ Tree Nuts__ Other_____

Address: _____
Number & Street, City, State Zip

Parent's Names _____ Phone #s: _____

Emergency Contact Other Than Parent: _____ Phone #: _____

Who is responsible for medical payments? ____ Individual ____ Insurance

Medical Insurance provider, if insured _____ Policy # _____

Address: _____
Number & Street, City, State Zip

Delegate's Physician's Name: _____ Telephone _____

Special Health Concerns/Allergies: _____

Are you currently taking medications? Y or N If yes, please bring a supply in a **labeled** container.

Medications _____ Dosage per day _____

Are there any prescription or non-prescription drugs that should NOT be administered? ____ Yes ____ No

List prohibited medications _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the parent or legal guardians of the above-named minor, authorize the Georgia Association of Student Councils, the Leadership Summit, or an adult from my child's school who is supervising my child at this Summit to obtain medical care for my child in the event such care is necessary. I understand that I will be contacted, if possible, in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for any payment of such care. I release GASC and its agents, the Leadership Summit, and the Summit advisors/chaperones from any damages, liability, or loss resulting from their securing in good faith medical care for my child. **I HAVE ATTACHED A COPY OF THE FRONT AND BACK OF THE DELEGATE'S MEDICAL INSURANCE CARD W/ THEIR FULL NAME PRINTED ON THE COPY.**

Signature of Student Delegate _____ Date _____ Parent Signature of Student Delegate _____ Date _____

PARTICIPATION AGREEMENT

My signature below indicates that I have read, understand, discussed with my parent/ guardian/ advisor/ principal, and agree to abide by all the rules regulations and expectations as outlined in the **Summit Delegate Behavior, Responsibility, and Dress Expectations**. I understand that a violation of any Summit expectations contained in either of these documents or communicated to me at the Summit by any adult adviser or host school official may result in my parents, my home school advisor, and principal being notified.

Signature of Student Delegate _____ Date _____ Parent Signature of Student Delegate _____ Date _____

PHOTOGRAPHS/VIDEO RECORDING

By allowing my child to attend the 2016 GASC Leadership Summit, I give my permission, understand and acknowledge that he/ she may be photographed, video-taped, or audio-taped and indicated by name. Such photographs and tapes will be used only for the purpose of promoting GASC as a youth leadership organization through the association's newsletter, brochures, websites and print media.

Signature of Student Delegate _____ Date _____ Parent Signature of Student Delegate _____ Date _____