

2017 STATE STUDENT LEADERSHIP CAMP

Colorado State University, Fort Collins, Colorado

July 10- July 13

PARENT PERMISSION FORM

Students who do not submit a signed parent form will not be allowed to attend the camp.

DIRECTIONS: Please have this form signed by your parent or legal guardian and return it either by mail or scan to tmuniz@chsaa.org.

The State Student Council Leadership Camp is sponsored by the CHSAA. During the period of the camp, all students will be under the direction and supervision of professionally trained adults who have been employed by the sponsoring agencies to be responsible for the program and the welfare of the delegates.

A conscientious effort is made to provide adequate supervision for all activities, but there is always a possibility that accidents may occur. Accordingly, we find it necessary to request parents or the legal guardian to give consent for their child to attend the camp and to release to CHSAA and its respective officers, agents and employees of any and all responsibility in the event such an accident occurs to your child while traveling to and from the conference and while at the conference. If this is acceptable to you, please indicate such by signing your approval below.

Delegates' School: _____ **Delegates' Full Name:** _____
has my consent to attend and participate in the State Student Leadership Camp at Colorado State University, Fort Collins Colorado during the week of July 10 – July 13, 2017. **I further understand that my child shall remain at the camp throughout its entirety unless prior approval to leave early has been granted by CHSAA.**

I accept and approve the above statement releasing those named from liability.

➡ Parent/Guardian Signature: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Home Address including Street, City and Zip Code _____

EMERGENCY/MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Family Doctor: (1) _____ Phone Number: _____

(2) _____ Phone Number: _____

Allergies: _____

Emergency Contact: (1) _____ Relationship _____ Phone Number: _____

(2) _____ Relationship _____ Phone Number: _____

In the event parent, family doctor, relative or authorized individual cannot be reached, indicate your hospital preference in the Fort Collins area:

(1) _____ (2) _____

I hereby release the CHSAA, its officers, employees, and agents from any and all claims of any kind that arise from or are related to the participation of the student in the State Student Council Leadership Camp, including, without limitation, claims by me, the student, or anyone else for bodily injury, personal injury, illness, death, emotional distress, property damage, or economic damage of any kind.

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, CHSAA ADMINISTRATOR IN CHARGE WILL USE HIS/HER BEST JUDGEMENT TO PROTECT AND ASSIST THE INJURED STUDENT IN ACCORDANCE WITH THE POLICIES LISTED BELOW:

EMERGENCY CARE:

At the time of an emergency the CHSAA administrator has the responsibility for:

- Caring for the student.
- Notifying the student's parents or guardian, or if these cannot be reached, for following the directions given on the above information form.
- In extreme cases, getting the student under professional care, with or without family permission.
- In cases of need for emergency rescue aid, the CHSAA administrator should call the nearest Fire Department or 911.

➡ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE COMPLETED AND TO YOUR ADVISOR WITH SIGNATURES FOR PERMISSION VALIDATION

PLEASE NOTE: Delegates from the same school will NOT room together and they will NOT be placed in the same council.

