



SKILLSUSA North Dakota Conference Registration/Consent and Medical Release

***Participant's Home Address and Email are required. Do not use school information.**

*Participant's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		*Date of Birth (MM/DD/YY)		Age	
*Home Address		*City		*State	Zip Code	*Email Address	
Home Telephone		Cell Phone		T-shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X			
Parents'/Guardians' Names		Parents' Telephone Number		Medical Insurance Company		Policy Number	
Known Allergies		Last Tetanus Received		Medication Currently Taking			
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other – explain:							
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes" and meets criteria of the Americans with Disabilities Act, further info will follow)							
In the event we are unable to reach Parent/Guardian, please list nearest relative and family physician:							
Relative Name		Relative Telephone		Physician Name		Physician Telephone	

School Name	School Address	City	State	Zip Code	School Telephone
-------------	----------------	------	-------	----------	------------------

Name of SkillsUSA Advisor for participant's occupational area	Contest in which competing	Occupational Training/Trade Area in which contestant is enrolled	Graduation Year
Name of teacher/adult chaperoning participant at conference		On-Site Telephone of teacher/chaperone	

MEMBER OBLIGATION

While attending any Career and Technical Student Organization Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association.

Signature of Participant

Signature of Parent/Guardian

PARENT/GUARDIAN OBLIGATION

Indicate with an "X" to attest your student is under the age of 18 _____ or over the age of 18 _____

I, the parent/guardian of the above-named student do hereby grant permission for him/her to attend activities for the 2024-25 school year. I authorize adult advisors/chaperones to routinely check member's room to ensure that students adhere to policies established by the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Signature of Parent/Guardian

MEDIA PERMISSION

We authorize Career and Technical Student Organizations and SkillsUSA ND to distribute for publication the above member's name and/or picture and any results of leadership activities or competition. Examples would include: printed publications, social media, web pages, radio, etc. (Note: At no time will addresses or phone numbers be published.)

Signature of Participant

Signature of Parent/Guardian