



# High School Leadership Camp 2018 Delegate Registration/Medical Form

**DO NOT FAX THIS FORM**

Please indicate the camp session you are registering for:

### Cispus Learning Center, Randle, WA

- Mt. Triumph – July 6 - 11 (Fri - Wed)
- Mt. Olympus – July 12 - 17 (Thurs – Tues)
- Mt. Baker – July 18 - 23 (Wed - Mon)
- Mt. Rainier – July 24 - 29 (Tues - Sun)
- Mt. Adams – July 30 - August 4 (Mon – Sat)

### Chewelah Peak Learning Center, Chewelah, WA

- Mission Peak – June 25 – June 30 (Mon - Sat)
- Western Leaders Summit – July 16 - 21 (Mon - Sat)
- Chewelah Peak – July 30 – August 3 (Mon - Fri)

### Race/Ethnicity (Optional)

- Hispanic / Latino of any race(s)
- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Two or More Races

Legal First & Last Name \_\_\_\_\_ Preferred Badge Name \_\_\_\_\_

School \_\_\_\_\_ Leadership Position \_\_\_\_\_

Home Mailing or P.O. Box \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Graduation Year 20 \_\_\_\_\_ Gender:  Female  Male  Other Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent Evening Phone \_\_\_\_\_ Parent Day Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Alternate's Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN - ATTACH DETAIL IF NEEDED

- Dietary needs:  Vegetarian  Peanut allergy?  No  
 Vegan  Yes, ingested  
 Dairy Free  Yes, airborne  
 Gluten Free

Other dietary, health concerns or allergies:

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Date of last tetanus shot: \_\_\_\_\_

Current medications/taken for: \_\_\_\_\_ Dose/Time of Day: \_\_\_\_\_

Can a health care professional provide over the counter medication?  Yes  No Restrictions: \_\_\_\_\_

Should the delegate be restricted from any type of activity? \_\_\_\_\_

Does your child need special accommodations due to physical challenges? \_\_\_\_\_

**Cancellation Policy.** All cancellations received after May 1 will result in a non-refundable processing fee of \$75 and applicable transportation costs. If cancellation is made less than five working days prior to camp, the full charge of camp plus transportation will apply. Full charges apply for delegates who leave early or do not show up for camp. **All cancellations must be received in writing from a school official by specified date.**

**Student Agreement:** If accepted as a delegate, I agree to abide by all regulations established by the officials of the Association of Washington Student Leaders and will strive to be a worthy representative of my school by contributing my best efforts toward the success of the camp. I have read and understand the cancellation policy and I understand that **student drivers are not allowed.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Permission:** As the parent or guardian, I give my permission for my child to attend Leadership Camp at the Cispus Learning or Chewelah Peak Learning Center and I understand that this program is fully supervised by staff of the Association of Washington School Principals (AWSP). I have read and understand the cancellation policy and I understand that **student drivers are not allowed.** By signing this form, I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize AWSP to obtain medical care for my child in the event such care is necessary. In the event of an emergency, I understand that every effort will be made to contact the parent(s) or guardian of the delegate. Permission is hereby granted to the health care professional or accredited hospital and their associates to perform necessary medical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Adviser Verification** I recommend this student as a delegate to Leadership Camp. I understand the cancellation policy and am verifying camp dates/transportation request.

**Initial and date:**