Middle Level Leadership Camp 2018

Adviser Registration/Medical Form

DO NOT FAX THIS FORM

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

Please indicate the camp session you are registering for:

- ☐ Chinook (Cispus) - August 5 - 8 (Sunday - Wednesday)
- ☐ Columbia (Cispus) - August 9 - 12 (Thursday - Sunday)
- ☐ Cascade (Cispus) - August 13 - 16 (Monday - Thursday)
- ☐ Chewelah Peak (Chewelah) - August 6 - 9 (Monday - Thursday)

Legal First & Last Name:_____ Preferred Badge Name: _____

School: _____ Leadership Position:_____

Home Mailing or P.O. Box:_____ City/State: _____ Zip: _____

Email: _____ Cell Phone: _____ Other Phone: _____

Gender: ☐ Female ☐ Male Birth Date: _____ - _____ - _____

Emergency Contact: _____ Phone:_____

Medical Insurance Company:_____ Policy Number: _____

ATTACH DETAIL IF NEEDED

Dietary needs: ☐ Vegetarian ☐ Vegan ☐ Dairy Free ☐ Gluten Free

Peanut allergy? ☐ No ☐ Yes, ingested ☐ Yes, airborne

Other dietary, health concerns or allergies:
_____
_____
_____

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 you be restricted from any type of activity? _____

Do you need special accommodations due to physical challenges? _____

Cancellation Policy. All cancellations received after June 15 will result in a non-refundable processing fee of $75. If cancellation is made less than five working days prior to camp, the full charge of camp 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.**

Statement of Understanding and Release:
Through this registration process I recognize that I am enrolling for the **Adviser Seminar** that is held in conjunction with the Association of Washington Student Leaders Middle Level Leadership Camp. I understand the cancellation policy. By signing this form I give permission for photographs, slides or videos of myself to be used for information, publications, presentations or other educational purposes. I authorize the Association of Washington School Principals to obtain medical care for me in the event such care is necessary. In the event of an emergency, every effort will be made to reach the emergency contact I have stated above. Permission is hereby granted to the licensed health care professional or accredited hospital and their associates to perform necessary medical procedures that are deemed essential to my treatment. I also agree to be responsible for the payment of such care.

Adviser Signature _____ *Date* _____