



**NSSP Annual Teen Leadership Conference**  
**Student Emergency Medical Form – C (Page 1 of 2)**

*Please Print Legibly or Type*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

School \_\_\_\_\_ Advisor Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

**Medical History**

History: Please date/check all that apply \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_  
\_\_\_\_\_ Ear Infections \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Medical Info the conference administrators should be aware of  
\_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Convulsions \_\_\_\_\_  
\_\_\_\_\_ Diabetes \_\_\_\_\_ German Measles \_\_\_\_\_  
\_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_  
\_\_\_\_\_ Behavior \_\_\_\_\_ Asthma \_\_\_\_\_  
Sensory impairments \_\_\_\_\_  
Chronic problems or illnesses \_\_\_\_\_  
Recently or currently being treated for any medical problems \_\_\_\_\_  
Physical limitations to normal activity \_\_\_\_\_

**Parental Permission** – I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter in case of an emergency.

**Agreement & Consent for Treatment**

This is to certify that I, or in the case of a minor child, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines and surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son/daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Participant Signature \_\_\_\_\_  
In the case of a minor child (under 18), parent/guardian \_\_\_\_\_

\_\_\_\_\_  
Signature Print Name Relationship

**Medical Card Information**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Home Phone( ) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Doctor's Phone ( ) \_\_\_\_\_  
Insurance Policy \_\_\_\_\_  
Policy # \_\_\_\_\_

**Allergies:** Please list all allergies, including insect bites, medicines, food, plants, animals, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
**Medications:** Please list all medications currently being taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# NSSP Annual Teen Leadership Conference

## Student Emergency Medical Form – C (Page 2 of 2) Release Waiver & Indemnification Form

The undersigned student participant and his/her parent(s) or legal guardian(s), if the student participant is under the age of 18 years, do hereby execute this release waiver and indemnification for himself/herself, and his/her heirs, successors, representatives, and assigns, and hereby agree and represent as follows:

To release the **American Driver and Traffic Safety Education Association/National Student Safety Program, Ala Moana Hotel, all outing locations**, and their officers, employees, and agents from any and all liability, loss, damage, costs, claims or causes of action including but not limited to all bodily injuries and property damage arising from participation in the National Student Safety Program Annual Teen Leadership Conference, on July 15-18, 2011, Honolulu, Hawaii, excluding liability arising out of sole negligence.

The undersigned further agree to indemnify and hold harmless the **American Driver and Traffic Safety Education Association/National Student Safety Program, Ala Moana Hotel, all outing locations**, and their officers, employees, and agents from any and all liability, loss, damage costs, claims or causes of action including attorney's fees and witness costs, arising from participation in the National Student Safety Program Annual Teen Leadership Conference.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

In case of a minor child under 18, parent/guardian signatures:

\_\_\_\_\_  
Parents/Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents/Guardians Signature

\_\_\_\_\_  
Date

### Emergency Contact Names and Phone Numbers (include area codes)

\_\_\_\_\_  
\_\_\_\_\_

**NSSP Annual Teen Leadership Conference**  
**Group Conference Registration Form – B**

*Please Print Legibly or Type*

Submit **one form per person** registering (student & adult). All participant registration forms from each group should be sent together.

Participant Name \_\_\_\_\_  
(Print Last, First, Middle Initial)

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please check one  Student  Advisor  Other (Volunteer staff, presenter, etc.)

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

**Participant Agreement**

1. I understand that **all school rules apply at the conference**. Therefore, I understand that alcohol, tobacco, or other illegal drug use and possession/use of firearms and fireworks are prohibited.
2. I understand that ANY advisor at any time may reprimand any participant for ANY violation of conference, or hotel rules. If I am a student, my advisor will be informed of my actions.
3. I am responsible for my own actions and will conduct myself in a mature, safe manner at all times. I further understand that vulgarity, profanity, obscene conduct or expressions, and horseplay are not acceptable.
4. I agree to wear my name badge at all times for conference identification and personal medical information in case of an emergency.
5. I agree to attend and participate in ALL scheduled program activities. In case of illness, I will inform my advisor and conference administration.
6. I agree to be on time to all sessions, and will take responsibility for my safety by traveling in pairs and/or groups at all times.
7. I understand that I am to remain on the conference premises at all times.
8. **I agree to abide by the dress code for this conference.**
9. I understand that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms.
10. I agree to abide by the conference curfew and understand that room checks may be conducted by advisors or conference staff shortly after curfew.
11. I agree to abide by all conference and hotel rules and regulations. I further understand that excessive noise in the hallways, rooms or elevators is not acceptable.
12. I understand that some scheduled meals will be provided. I will be responsible for additional expenses, telephone charges, personal expenditures, outing expenses, and I must settle all of these expenses prior to my checkout from the hotel.
13. I understand that photos and videos will be taken at the conference, will become the property of the NSSP/ADTSEA Organization and may be used in various media (brochures, posters, video, CD ROM, newspapers, bulletins, etc.) for the purpose of the program marketing (promotion, program description, student recruitment, etc.). I consent and authorize the use of photographs of me without compensation by any members of the NSSP/ADTSEA Organization.

*I have read and agree to comply with the above stated terms and conditions. I understand that the NSSP/ADTSEA Organization members reserve the right to dismiss me from the conference if I fail to follow this agreement, and that my violation of any of these terms and conditions may subject me to immediate expulsion from the conference. If I am a student, my parent(s)/guardian(s) will be notified, and if necessary, will be responsible for my immediate conference removal.*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18 years of age.

I have read this agreement, discussed it with my teen and accept all of the terms and conditions as stated.

\_\_\_\_\_  
Parents/Guardians Signature

\_\_\_\_\_  
Date

# NSSP Annual Teen Leadership Conference

## Advisor/Chaperone Conference Agreement – E

An Advisor/Chaperone must be at least 21 years of age. Each Advisor/Chaperone must agree to and sign the following:

### Pre-Conference Responsibilities

- Meet with student group, advisors/chaperones, and students' parents, and review all items on the participant agreement, informing them that all school rules apply throughout the conference.
- Discuss all transportation issues, etc., and the procedures to be followed in case a student is dismissed from the conference early for violation of conference rules.
- Discuss all student consequences of violations of any school or conference rules.
- Inform all students of the dress code for the conference and the Awards Banquet.

### Conference Responsibilities

- **SET THE EXAMPLE** by following all school and conference rules. This includes abstaining from the use of alcohol, tobacco or other drugs.
- Attend the Advisor Orientation meeting on the first day of the conference.
- Participate in **ALL** scheduled conference activities. Recreational activities are to be conducted before or after the conference except when designated in the program as educational/cultural free time.
- Know the whereabouts of your group and be available to respond to any emergencies or needs that may arise.
- **Enforce the curfew, dress codes** and other behaviors as stated in the participant agreement.
- Get the students to all sessions on time.
- Immediately address/discipline any student participant who is violating conference rules and notify his/her advisor immediately thereafter of the incident.
- Consult with any member of the conference administration if a member of your group has a problem.
- Provide general supervision of students to help keep the conference activities running smoothly.
- Abide by the dress code for the conference and Awards Banquet.
- Respect all school groups that may not have the same philosophy as your group.

### Post-Conference Responsibilities

- Follow-up any disciplinary actions that may be needed with any of your students.
- Encourage and assist your group to implement or enhance programs in your school/community with ideas gained at the conference, and the action plan developed by your team.
- Be available as a networking resource to share ideas and information with others in your community.

*I have read and agree to comply with the above responsibilities. I understand that I must have clear consequences for my students for any infractions of conference rules. I understand that if it is necessary for me to remove one or more of my students immediately from the conference due to a decision of the conference administration, I will make all arrangements with the parents/guardians of the student(s) for dismissal.*

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Advisor Name (please print legibly)

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Name of School Advising

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Advisor's Signature

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Date

**Submit one form per Advisor/Chaperone. Duplicate as necessary.**

# NSSP Annual Teen Leadership Conference

## Adult Emergency Medical Form – D (Page 1 of 2)

*Please Print Legibly or Type*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

School \_\_\_\_\_ Advisor Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Emergency Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

### Medical History

History: Please date/check all that apply

|                       |                      |
|-----------------------|----------------------|
| _____ Ear Infections  | _____ Chicken Pox    |
| _____ Rheumatic Fever | _____ Convulsions    |
| _____ Diabetes        | _____ German Measles |
| _____ Mumps           | _____ Measles        |
| _____ Behavior        | _____ Asthma         |

Date of Last Tetanus Booster \_\_\_\_\_

Medical Info the conference administrators should be aware of

Currently taking medications prescribed by physician \_\_\_\_\_

Sensory impairments \_\_\_\_\_

Chronic problems or illnesses \_\_\_\_\_

Recently or currently being treated for any medical problems \_\_\_\_\_

Physical limitations to normal activity \_\_\_\_\_

### Agreement & Consent for Treatment

This is to certify that I hereby consent to and authorize the administration and performance of all needed medicines and surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies for me. It is understood that efforts shall be made to contact the emergency person designated on this form prior to rendering emergency treatment to me.

Participant's Signature \_\_\_\_\_

### Medical Card Information

Name \_\_\_\_\_

Age \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone (\_\_\_\_) \_\_\_\_\_

Insurance Policy \_\_\_\_\_

Policy # \_\_\_\_\_

**Allergies:** Please list all allergies, including insect bites, medicines, food, plants, animals, etc.

**Medications:** Please list all medications currently being taken. \_\_\_\_\_

# NSSP Annual Teen Leadership Conference

## Adult Emergency Medical Form – D (Page 2 of 2) Release Waiver & Indemnification Form

I do hereby execute this release waiver and indemnification for myself, and my successors, representatives, and assigns, and hereby agree and represent as follows:

To release the National Student Safety Program of the **American Driver and Traffic Safety Education Association/National Student Safety Program, Hilton Ala Moana Hotel, all outing locations**, and their officers, employees, and agents from any and all liability, loss, damage, costs, claims or causes of action including but not limited to all bodily injuries and property damage arising from participation in the National Student Safety Program Annual Teen Leadership Conference, on July 15-18, 2011, Honolulu, Hawaii, excluding liability arising out of sole negligence.

I further agree to indemnify and hold harmless the **American Driver and Traffic Safety Education Association/National Student Safety Program, Ala Moana Hotel, all outing locations**, and their officers, employees, and agents from any and all liability, loss, damage costs, claims or causes of action including attorney's fees and witness costs, arising from participation in the National Student Safety Program Annual Teen Leadership Conference.

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Participant's Signature

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Date

**Emergency Contact Names and Phone Numbers (include area codes)**

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# NSSP Annual Teen Leadership Conference

## Conference Rules and Regulations

These rules are designed to ensure that all participants enjoy a maximum learning experience in an environment conducive to an exchange and sharing of ideas and concepts. Your cooperation in abiding by these rules is expected. Conference participants who violate these regulations will be subject to disciplinary action, which may include being sent home and/or a report made to the participant's parent(s) or guardian(s) or administrator. Program participants are expected to abide by these conference regulations regardless of age.

**ATTENDANCE:** Your participation and attendance at workshops and general sessions is mandatory. Participants must remain on the conference premises at all times.

**BEHAVIOR:** All participants are expected to conduct themselves in an orderly manner. Behavior which falls below generally accepted standards may result in removal. The volume of radios and television will be kept at a reasonable level. Headsets for CD players/radio/cassette are NOT to be used during conference times.

**CURFEW:** Participants must be in their room by curfew each night. Participants are expected to remain in their rooms from curfew until wake-up (no trips to candy, pop or ice machines). Phone calls from room to room after curfew are prohibited.

**PROPERTY DAMAGE:** Intentional damage or theft of hotel or personal property is strictly prohibited. Disciplinary action will include financial remuneration for such damage or theft.

**SAFETY:** The burning of candles is prohibited in rooms. Tampering with fire alarms, fire-fighting equipment, or other safety and security equipment is strictly prohibited.

**SMOKING:** This is a drug-free conference. Thus, the use of cigarettes, pipes or cigars by adults or students, is not permitted.

**USE OF ALCOHOL OR OTHER DRUGS:** Any participant found to be under the influence of or in possession of alcoholic beverages or other drugs will be immediately removed from the conference. Use of any substance for medicinal purposes must be approved by the medical staff.

**ROOMS:** Male and female students will be housed in separate rooms. Opposite sex persons are not permitted in student rooms, **even when an advisor is present.**

## Disciplinary Actions

An offending student's advisor will be involved in disciplinary decisions. However, final action will be taken by the conference administration.

1. **VERBAL REPRIMANDS** may be administered by any faculty advisor or conference administration. This action assumes momentary lapse of unacceptable behavior that is deemed hazardous to the individual or to others.
2. **TIME-OUTS** will be negotiated by the offending student, his/her faculty advisor and conference administration. Any time-out established will be randomly monitored by an assigned adult. Time-out is understood to mean assigned to one's room for a designated period of time.
3. **DISMISSAL** – Contact will be made with the offending student's parents by the conference administration. Parents will pick up their son/daughter, if possible, or will arrange travel. An official letter of dismissal will be sent to the student and the student's school.

**ADTSEA 2011 ANNUAL CONFERENCE - HONOLULU, HAWAII**

**HAWAII HOST OUTING - NSSP RESERVATION FORM**

Advisor Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_

| Date            | Activity        | # of seats/tickets                        | Total |
|-----------------|-----------------|---|-------|
| Monday, 7/18/10 | Germaine's Luau | NSSP Registrants Discount<br>\$25 x _____ | _____ |

Please List Students Attending:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Make check payable to ADTSEA and mail by June 25, 2011 to:

ADTSEA  
Highway Safety Services, LLC  
1434 Trim Tree Road  
Indiana, PA 15701

Phone/Fax: 1-877-485-7172 / 724-349-5042