Registrations received after the deadline will not be accepted if quotas have been reached.

LOUISIANA ASSOCIATION OF STUDENT COUNCILS

WORKSHOP REGISTRATION FORM - SENIOR HIGH SCHOOL

Mail to: LASC WORKSHOP 1355 Tiger Dr. THIBODAUX, LA 70301

Mail Only......DO NOT FAX

Name of School____________________________________________     City_________________________

Name of Principal__________________________Cell phone number ______________________

Name of Advisor_________________________________   School email_____________________________

Home Email__________________________            Cell phone number________________________________

I must have your phone numbers for emergencies. E-mail address required.

The 2018 registration fee is $375.00 for each person attending.

Please print in ink

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<th>First Name</th>
<th>Last Name</th>
<th>HomePhone (area code, number)</th>
<th>Cell Phone (area code, number)</th>
<th>Sex</th>
<th>Shirt Size</th>
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T SHIRT SIZES.... PLEASE INDICATE THE NUMBER OF T SHIRTS NEEDED FOR YOUR DELEGATES

SMALL     MEDIUM     LARGE     EX LARGE     2XL     3XL = (total shirts)

_____ (number of delegates) x $375 = _______ total mailed _______ check number

This form and a school check made payable to LASC are due by MAY 6th

Remember ....DO NOT MAIL THIS FORM TO NORTHWESTERN NOR TO MR. PHIL!

Mail it to the address at the top of this form. We must receive this form and your school check on or before May 6th

...No refunds after this date. (registration should be mailed by May 1st to avoid late fees)

LATE FEE -- $100.00 PER SCHOOL FOR REGISTRATION RECEIVED AFTER MAY 6th

Mailing Address for registration:::

LASC Workshop
1355 Tiger Drive
Thibodaux, LA 70301
OFFICIAL REGISTRATION FORM

WORKSHOP II... JUNIOR HIGH/MIDDLE SCHOOL SUMMER LEADERSHIP WORKSHOP 2019

THIS FORM IS DUE... ALONG WITH THE $240.00 FEE PER DELEGATE IN OUR HANDS BEFORE OR ON MAY 6th

MAIL TO: LASC WORKSHOP 1355 TIGER DRIVE, THIBODAUX, LA 70301

Name of School__________________________________  City____________________________________

Principal’s Name________________________________________ Cell Phone_______________________________

SCHOOL PHONE: ______________________________________ Address:______________________________city__________________

ADVISOR’S NAME________________________________ HOME PHONE______________ CELL PHONE______

ADVISOR’S HOME E-MAIL ADDRESS:________________________ (THIS IS MANDATORY) ADVISOR’S PHONE NUMBERS AND E-MAIL ADDRESS FOR EMERGENCIES... THIS IS MANDATORY!!! REGISTRATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION

THE ADVISOR WILL ATTEND _________ THE ADVISOR WILL NOT ATTEND

THE 2019 REGISTRATION FEE IS $240.00 FOR EACH PERSON ATTENDING. THIS INCLUDES ADVISORS REQUIRED BY THEIR SCHOOL TO ATTEND WITH STUDENTS

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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Home phone – area code</th>
<th>cell phone—area code</th>
<th>Sex</th>
<th>Shirt Size</th>
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Please INDICATE the number of t-shirts by sizes needed for those attending
______ small  ____ medium  ____ large  ____ xlarge  ____ 2xl  ____ 3 xl = ______ total

Total attending x $240 = ______ total

Check number

THIS FORM AND A SCHOOL CHECK MADE PAYABLE TO LASC ARE DUE TO LASC BY MAY 6th.

*REMEMBER....IN OUR HANDS BEFORE OR BY MAY 6th
Dear Advisor, even if your Student Council President is NOT coming to Workshop, will you please fill out this Form and send it in with the other Registration Forms by May 6th if your school will be attending Workshop I.

(PRESIDENT FOR THE NEXT SCHOOL YEAR 2019-20)

SCHOOL: ________________________________

NUMBER OF THE LASC DISTRICT YOU’RE IN: ________________

PRESDENT’S NAME: _____________________________

PRESDENT’S GENDER: Male_______ Female_______

PRESDENT’S CELL PHONE: ________________________

PRESDENT’S E-MAIL ADDRESS: _____________________

ADVISOR’S NAME: ______________________________

Home email (mandatory)__________________________

ADVISOR’S E-MAIL(school): ________________________

ADVISOR’S HOME PHONE: _________________CELL: ____________________

This information will be used solely to send monthly Newsletters and updated LASC Information to you and your President from your District Advisor and from your District Presidents. PLEASE SEND IN THIS FORM with the rest of your Registration Forms. It is so important!

Is the SC president attending workshop?_____

Please have your election by the end of April so that you have this information available!
MEDICAL PERMISSION SLIP

(Please print or type) LOUISIANA ASSOCIATION OF STUDENT COUNCILS

* A copy of an insurance card (front and back) needs to be stapled to this form....if you do not have insurance ...

A certified letter accepting responsibility for all expenses must be included with this form.

Name: ____________________________ Age: _____ Sex: ______

Last                   First                 Middle

Address: ____________________________________________________________

Please write the name

Number                  Street                        City              State          Zip

Home phone: (____)_________________ Parent’s name(s): __________________________

Parents work phone: (____)_________________ (____)____

Name and phone number of persons to be contacted in case of emergency (other than parents):

Name: ____________________________ Phone: (____)_________________

Name of School I attend: ____________________________ School phone:_________________

School address: ____________________________________________

Number                  Street                        City              State      Zip

School Principal: ____ __________________      Cell Phone: (____)________________ Name of Adv. ___________________

Cell Phone _________________

BRIEF MEDICAL HISTORY

Special Health Concerns: ____________________________

Medications: ____________________________ Dosage per day: ____________________________

Asthma: ____________________________ Medication: ____________________________

Diabetes: ____________________________ Medication: ____________________________

Epilepsy: ____________________________ Medication: ____________________________

Should delegate be restricted from any type of activity? _____

If yes, please explain ____________________________

Are there any drugs (prescription or non-prescription) that should not be administered?

______________________________

Any other information: ____________________________

The undersigned parent of guardian of ____________________________ authorizes the Louisiana Association of Student Councils to obtain medical care for him/her in the event such care is necessary. If possible, the parent(s) of guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. We also agree to be responsible for payment of such care.

Signed: ____________________________

Parent of Guardian              Date

DO NOT run off commitment forms on the back of this sheet!!!
LASC STUDENT COMMITMENT FORM
FOR SUMMER WORKSHOP

Parent/Guardian:

We are delighted that your student/son/daughter will be attending a Louisiana Association of Student Councils State function. Because we wish to ensure the safety of your student, we have developed the following guidelines which are mandatory for all delegates:

ALL DELEGATES ARE EXPECTED TO:

1. ATTEND ALL LASC SESSIONS AT THE DESIGNATED TIMES AND PLACES IN THE PROGRAM.
2. RESPECT THE RIGHTS OF OTHERS BY NOT BEING DISRUPTIVE DURING SESSIONS, OR CREATING INTIMIDATING, HOSTILE, OR OFFENSIVE BEHAVIOR TOWARDS ANY OTHER STUDENT OR ADULT. STUDENTS ARE EXPECTED TO DEMONSTRATE RESPECT TOWARD OTHER STUDENTS, ADVISORS, PRESENTERS, AND GUESTS
3. UNDERSTAND THAT THE USE OF ALCOHOL AND ILLEGAL DRUGS IS STRICTLY PROHIBITED.
4. OBEY ALL CURFEWS, WHEN IT IS TIME TO RETIRE FOR THE EVENING, STUDENTS MUST BE IN THEIR OWN ROOM.
5. DRESS IN A MANNER BEFITTING THE SESSION…NO SHORT SHORTS, CROP TOPS, NO CLOTHING WITH ADS FOR ALCOHOL, TOBACCO, DRUGS, OR WITH PROFANITY, SEXUAL PICTURES, OR INFERENCES TO THESE ITEMS. NO TANK TOPS WITH EXTRA LARGE ARM AND NECK HOLES, NO BARE MIDRIFF TOPS OR STRAPLESS ATTIRE ARE TO BE WORN AT ANY TIME.
6. BE COURTEOUS ON THE CAMPUS AND HEED THE RESPECT FOR REST. PLEASE REMEMBER THAT THE STUDENTS ARE GUESTS. STUDENTS SHOULD OBSERVE ANY REASONABLE REQUEST OR RULES. ONCE STUDENTS ARE RETURNED IN THE EVENING, THEY ARE EXPECTED TO STAY IN THEIR ROOMS. GIRLS MAY NOT VISIT BOYS’ DORMS AND BOYS MAY NOT VISIT GIRLS’ DORMS.
7. KEEP FOOD, DRINK, OR NOISE MAKERS OUT OF ALL GENERAL SESSIONS AND WORKSHOP SESSIONS. USE OF SUCH ITEMS AS HEADPHONES, HAND-HELD GAMES, AND CELL PHONES IS PROHIBITED DURING ANY MEETING, ACTIVITY, OR GENERAL SESSION.
8. RESPECT THE PROPERTY OF OTHERS. STUDENTS ARE NOT TO TAKE OBJECTS FROM CAMPUS AREAS OR ANY OTHER PROPERTY VISITED. THEFT OR VANDALISM WILL NOT BE TOLERATED.
9. ABSTAIN FROM ANY FORM OF SEXUAL ENCOUNTERS. Harassment, crude language, nothing illegal, immoral or in poor taste
10. STAY IN A SAFE, SUPERVISED ENVIRONMENT. UNSUPPRESSED STUDENTS MAY NOT LEAVE THE CAMPUS AT ANY TIME. LASC STUDENT PARTICIPANTS ARE NOT ALLOWED TO DRIVE ANY MOTOR VEHICLE.
11. WEAR APPROPRIATE WORKSHOP NAME TAGS AND IDENTIFICATION TO ALL WORKSHOP ACTIVITIES. A violation of any of these guidelines could result in the student being sent home at the student’s/school’s expense. Besides being sent home, the school of the offending student(s) may be prohibited from attending any function of the Louisiana Association of Student Councils, the Southern Association of Student Councils, or National Association of Student Councils conference, convention, meeting, and/or workshop for two years. A letter to that effect will be sent to the principal and to the advisor of the offending school. These penalties were unanimously decided upon and passed by the Executive Board of the Louisiana Association of Student Councils.

Your signatures below indicate that you have read and discussed the above guidelines and consequences with your son or daughter, and are in agreement with these expectations.

PARENT/GUARDIAN’S SIGNATURE ___________________________________________________________________________ Parent’s Name (printed) __________________________

STUDENT’S SIGNATURE ___________________________________________________________________________ STUDENT NAME (printed) __________________________

ADVISOR’S SIGNATURE ___________________________________________________________________________ ADVISOR’S NAME PRINTED __________________________

PRINCIPAL’S SIGNATURE ____________________________________________________________________________

THIS FORM MUST BE MAILED FULLY SIGNED BY EACH STUDENT AND BY ALL INDICATED PARTIES ALONG WITH YOUR SUMMER WORKSHOP FORMS. DUPLICATE THIS FORM FOR ALL OF THE STUDENTS WHO WILL REPRESENT YOUR SCHOOL AT THE LASC WORKSHOP.

****Please check for all signatures before mailing****
Registration Check Off

Place this as your top sheet of forms and money

**REGISTRATION CONFIRMATION WILL EMAILED ON MAY 16th AND A LIST OF SCHOOLS REGISTERED WILL BE POSTED ON THE LASC WEBSITE.**

Name of School __________________________

Cell Phone ____________________________

EMail ________________________________

Number of students attending ____________

Amount of fees enclosed _________________

Principal ______________________________

Check off list for mailing in your registration

______ completed registration form including first and last names of delegates, phone numbers and t-shirt sizes

_______ Advanced participation sheet(Sr. High only)

_______ completed Medical Forms and copies of insurance cards attached to each

_______ completed Commitment/Behavior Forms with all signatures needed for each(make sure you keep a copy for your files)

_______ letter of explanation for any delegate attending with a physical or psychological problem

_______ school check for registration fees made payable to LASC

Advisor ____________________________

Do not assume you are registered until we receive all items listed above in the checklist

Mail to ::: LASC Workshop
1355 Tiger Drive
Thibodaux, LA 70301

DO NOT....DO NOT MAIL YOUR FORMS TO MR. PHIL

_____ President sheet =Sr. High Only

_____ completed rooming sheet

REMEMBER DEADLINE OF: May 6th IN OUR HANDS ON OR BEFORE MAY 6th NO REFUNDS AFTER THE MAY 6th DEADLINE

**REGISTRATION CONFIRMATION WILL EMAILED ON MAY 16th AND A LIST OF SCHOOLS REGISTERED WILL BE POSTED ON THE LASC WEBSITE.**
Advanced Delegate List

Please respond to the following and make sure you include this sheet with your registration paperwork. Remember this is for Workshop I Senior High ONLY.

Name of School____________________________________________

Name of Advisor__________________________________________

Please check off one:

_____ Our school does not have any returning delegates to workshop 2019

_____ Our school does have returning delegates to workshop 2019

If you have returning delegates please list their names and information requested.

<table>
<thead>
<tr>
<th>First Name</th>
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<th>Year Attended</th>
<th>Grade 2019-20</th>
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Make sure these students are also listed on your registration sheet

Make sure to include this sheet with your registration
School Rooming List

Name of School______________________________________ Circle: Sr. High  Jr H I g h

Advisor_________________________ Home email (mandatory)________________________

- In order to speed up the registration process and help in making delegates happy we are allowing delegates to choose roommates. (In the boy’s dorm all rooms have two beds, and in the girl’s dorm everyone is in suites (two people and four people) *students who are single delegates from a school will be housed with students from other schools. Students MAY NOT change roommates when they arrive at Workshop. LASC will room your students exactly as you, the Advisor, indicates on this page.

Boys (first and last name)

Room one _______________________________ and ________________________________

Room two_____________________________ and ________________________________

Room three____________________________ and ________________________________

Room four_____________________________ and ________________________________

Girls (first and last name) We used both two people and four people suites)

Suite One (quad suite) (First and last names)

Room One_____________________________ and ________________________________

Room Two_____________________________ and ________________________________

Suite Two (quad suite) (First and last names)

Room One_____________________________ and ________________________________

Room Two_____________________________ and ________________________________

Suite Three (double suite) (First and last names)

Room one_____________________________ and Room two__________________________

* Duplicated this form if needed

* Make sure you include this completed form in your registration paperwork