

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

	First Name	Last Name	HomePhone (area code,number)	Cell Phone (area code,number)	Sex	Shirt Size
1						
2						
3						
4						
5						
6						
7						
8						

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 _____

AREA CODE AND NUMBER AREA CODE AND NUMBER

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**

	First Name	Last Name	Home phone –area code	cell phone—area code	Sex	Shirt Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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**

SENIOR HIGH STUDENT COUNCIL PRESIDENT'S AND ADVISOR'S
INFORMATION

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: _____

PRESIDENT'S NAME: _____

PRESIDENT'S GENDER: Male _____ Female _____

PRESIDENT'S CELL PHONE: _____

PRESIDENT'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: _____
Number Street City State Zip

Please write the name
of the student on the
insurance card sheet and
staple it to this sheet

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 HOULD 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. UNSUPERRVISED 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

Advisor _____

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 _____

E-Mail _____

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

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**



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.

First Name *Last Name* *Year Attended* *Grade 2019-20*

<i>First Name</i>	<i>Last Name</i>	<i>Year Attended</i>	<i>Grade 2019-20</i>

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 High

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**