

Illinois Individual Information Conference Registration Form

NOTES TO ADVISOR: **The 7.7.1 page must be photocopied to the back of this form before it is distributed to be completed.**
This form is required of every conference participant, including advisors and chaperones.
With the required signatures and all other information completed, this form must be submitted by you upon your arrival at a conference.
 Completing the top four cells of this form before photocopying and distributing it will simplify the form's completion for everyone.
 This form is not a substitute for completing your registration of a member through the SkillsUSA on-line registration system.
 You may find that this form is helpful in acquiring the required on-line registration information.

INSTRUCTIONS: Read all 7.7.1 information on the back of this form before completing the form. Clearly print the required information.
This form must have the required signatures to be valid and for the person named on the form to attend the conference.

1
 Complete
 This
 Entire
 Section

Name of advisor responsible for this participant:		Name of participant's school:	
Check One: <input type="checkbox"/> High School (Secondary) Division <input type="checkbox"/> College / Postsecondary Division		School Telephone Number (area code required): ()	
Participant's First and Last Name:		Parents' / Guardians' Names (if participant is under 18):	
Participant's Home Address:		Parents' / Guardians' Telephone Number (area code required): ()	
City:	State:	Zip Code:	
Home Telephone with area code: ()	Cell Phone with area code: ()		
Age:	Date of Birth (MM / DD / YY):	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
E-mail Address:			

2 Complete this section to indicate the contest(s) and / or other activities you wish to be involved in at the **State Conference**.
 Complete this section for the **Fall and State** conference to indicate that you are an Advisor, Officer Candidate, Voting Delegate, etc.
 Use the "7.0 Illinois Association of SkillsUSA CONTESTS, ETC. & CODES" sheet for the **correct** contest & activity names & codes.
 Do **not** specify contests for the Fall Conference. Contests are determined at the Fall Conference.

CODE: _____

CODE: _____

CODE: _____

CODE: _____

3
 REQUIRED
 Emergency
 Contact
 and
 Medical
 Information

Name of Person to Contact in Event of Emergency:	Participant: When did you last have a tetanus shot?
Contact Person's HOME Telephone Number with area code: ()	Participant: Do you have a history of Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Heart Conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes Epilepsy? <input type="checkbox"/> No <input type="checkbox"/> Yes Rheumatic Fever? <input type="checkbox"/> No <input type="checkbox"/> Yes Other Existing Medical Conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe Existing Conditions Here:
Contact Person's WORK Telephone Number with area code: ()	
Contact Person's CELL Telephone Number with area code: ()	
Name of Family Physician and Phone Number: ()	
Participant: Are you taking medication? <input type="checkbox"/> NO <input type="checkbox"/> YES----Please describe medication below:	
Medications:	

I have read and completely understand the "7.7.1 Personal Liability and Medical / Photography and Sound Release Statements and Code of Conduct Reminder". By signing below I agree to abide by it in its entirety and accept the conditions of the agreements and completely release Illinois SkillsUSA and National SkillsUSA as stated on the 7.7.1 page; and, my signature below signifies that this form has been fully and accurately completed.

4
 SIGNATURES
 REQUIRED

_____ Participant's Signature _____ Parent's / Guardian's Signature

This form must be completed and turned in or the participant will not be allowed to attend.

7.7.1

Personal Liability and Medical / Photography and Sound Release Statements and “Code of Conduct” Reminder

Illinois Association of SkillsUSA

Photocopy this Statement onto the backside of every 7.7 form before it is filled out.

Personal Liability and Medical Release:

I hereby agree to release Illinois SkillsUSA, its representatives, agents, servants, and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the Illinois SkillsUSA Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of Illinois SkillsUSA representatives, agents, servants, and employees.

I do voluntarily authorize the Illinois SkillsUSA Medical Services Coordinator and assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgement. Parents/guardians of the named person will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless Illinois SkillsUSA and said medical Services Coordinator and assistants and/or designees for any and all claims, demands, actions, rights of action, and/or judgements by or on behalf of the named person arising from or on account of said procedures and/or treatments rendered in good faith and according to accepted medical standards.

PHOTOGRAPHY AND SOUND RELEASE:

I hereby grant Illinois SkillsUSA permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by Illinois SkillsUSA permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary.

Further, I so hereby relinquish to Illinois SkillsUSA all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions, and copies of the originals, negatives, recording duplicates and prints, and further grant Illinois SkillsUSA the right to give, sell, transfer, and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me.

My agreement to perform under camera, lighting, and stated conditions is voluntary and I do hereby waive all personal claims, cause of action, or damages against Illinois SkillsUSA its representatives, agents, servants, and employees thereof, arising from a performance or appearance.

NOTE: Any person under legal age must have a parent or guardian sign the release. If you are age 18 or older, please indicate.

CODE OF CONDUCT REMINDER: Be sure that you understand the “Code of Conduct”. Any person violating these rules may be sent home at his/her own expense and/or may have to forfeit their awards. Any person violating these rules may cause other members from their school to be sent home and/or to have to forfeit their awards. Any person violating these rules may disqualify their school from participating in future Illinois SkillsUSA conferences. Having read and understood completely the “Code of Conduct” of Illinois SkillsUSA, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing Illinois SkillsUSA.