

**NOTICE: We have completed another highly successful Fall Leadership Development Conference for 2007. We are leaving this information here for those who are curious about the Fall Conference registration procedure.**

8/29/07

## Illinois SkillsUSA

### Fall Leadership Conference Online Registration

From Larry Huck

Greetings to all Illinois SkillsUSA Advisors,

If you registered students and advisors for last year's State Conference, you will find that the procedures for registering students and advisors for this year's Fall Conference are very similar. Please follow the instructions and guidelines listed below. If you have any questions, feel free to contact me at: (630)761-8268 and [ldhflyguy@sbcglobal.net](mailto:ldhflyguy@sbcglobal.net)

- **Registration closes at the end of the day on October 19, 2007.**  
After this date the system will not accept any changes. Requests for changes after registration closes must be made by phone or email to Larry Huck.
- All students and advisors you plan to register for the Fall Leadership Conference should first be made members of SkillsUSA by joining them online for this school year. Adult chaperones do not have to be members; however, if they are educators, they probably should become members.
- To complete your registration go to the National SkillsUSA Online Registration website. You may go there by using the link on the Illinois SkillsUSA home page.
  - 1) Click on the "Conference" tab and then "My Registrations".
  - 2) From the "Registration Information" page use the "Filter Event:" drop-down menu and select "IL Fall Leadership Conference".
  - 3) Click the "New Registrant" button.
  - 4) You **must supply** the **name, home address, home phone number**, and **date of birth** for **everyone** you register. Additional information is optional.  
NOTE: If you already provided this information when submitting your online Membership, be sure to use the automatic fill-in procedure involving the drop-down menu and "Reg. Member" button located near the top, right side of the Registrant Details page. You'll save considerable time!
  - 5) **IMPORTANT:** Every student must be entered as a "**Contestant**".  
Every adult must be entered as an "**Advisor**".  
State Officers may be registered as "**Exempt Registrant**".  
This is accomplished by using the "Reg. Type:" drop-down menu on the left side of the Registrant Details page.  
**Please do not use "Other - Observer" or any of the other choices for Reg. Type.**
  - 6) **IMPORTANT:** **When** you register yourself, please put a checkmark in the box for "Advisor Submitting this Registration" on your Registrant Details page (only).  
**When** you register a current state officer, please put a checkmark in the box for "State Officer" on their Registrant Details page (only).  
**When** you register an officer candidate, please put a checkmark in the box for "State Officer Candidate" on their Registrant Details page (only).  
**These boxes are located at the bottom of the page in a large shaded area.**

(Continued on the next page)

—> All State Officer Candidate Forms and two Reference Letters should be mailed to Larry Huck by the conference registration deadline.

- 7) At this point you should be clicking on “Save” or “Save Registration”. You are now ready to start adding the next “New Registrant”. The “Add Contest” button is not used for the Fall Leadership Conference registration.

8) **VERY IMPORTANT - MUST DO - REMEMBER THIS !**

- \*Go to the Illinois SkillsUSA website (illinoisskillsusa) and click “Registration Forms”, and print one copy (2 pages) of “**7.7 Illinois Individual Information Conference Registration Form**”. (We are not using the NLSC1 forms this year.)
- Follow all the instructions on the 7.7 form, **including photocopying the 2 pages back-to-back so that you wind up with a form on one side and the required reading material on the other side.**
- For accuracy/consistency you should complete the top four cells of the 7.7 form before making copies for all your participants.
- You can start having these forms completed well in advance of the conference, even well in advance of when you intend to complete the online registrations.
- **TURN IN ONE TOTALLY COMPLETED 7.7 TWO-SIDED FORM FOR EACH OF YOUR PARTICIPANTS WHEN YOU “CHECK IN” AT THE CONFERENCE.** Bring an extra completed set of photocopies for your own use.
- **STUDENTS FOR WHICH YOU DO NOT HAVE THIS COMPLETED AND SIGNED FORM SHOULD NOT BE ALLOWED TO ATTEND THE CONFERENCE.**

9) **Payment:**

- ◆ Click on the “Reg. Summary” button at the top of the Registration Information” page. Print the resulting page(s) and make sure that everything is correct before performing the next step.
- ◆ Click on the “Fee Summary” button. If all looks correct, print out the summary and mail it to me along with a **school check** in the amount of your registration fee.

**My address is: Larry D. Huck, Registration Consultant  
Illinois SkillsUSA  
1506 Hadley Drive  
Batavia, IL 60510**

Often times business offices **mistakenly** send this payment to National SkillsUSA or to the Illinois SkillsUSA address in Mokena, IL. Please remind your business office to use the correct address.

**\*NOTE: For your convenience I have included the 7.7 form on the following pages.**

## 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 <b>Describe Existing          Conditions Here:</b>
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 judgment. 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 judgments 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.