

SkillsUSA Wyoming

PERSONAL LIABILITY / MEDICAL RELEASE / PUBLICITY RELEASE FORM

Participant Information

Participant Name (first, last)		Parent/Guardian Name	
Participant's Home Address		Parent/Guardian Emergency Phone Number (required) ()	
City, State, Zip Code		Alternate Emergency Phone Number (required) ()	
Home Telephone ()	Participant Cell Phone ()	Local Chapter/School Name (required)	
Age (if 18 and under)	Date of Birth (mm/dd/yyyy) / /	Check One <input type="radio"/> Male <input type="radio"/> Female	Location of School (city)
Advisor Name (required)	Advisor Cell (required) ()	Participant Email Address (required)	

Code of Conduct

Please review the **Code of Conduct** below. It is a privilege to attend a **SkillsUSA Wyoming** conference or event and it is the responsibility of all participants to conduct themselves in a proper manner at all times. The guidelines in this Code of Conduct are the minimum behavior standards and individual schools' administration and/or chapter advisors may have additional policies and rules for their students to follow. Should that occur, the participant must meet both the school Code of Conduct and this state Code of Conduct.

1. All participants are expected to attend all applicable sessions of the conference/event.
2. All participants are expected to wear name badges at all times throughout the conference/event.
3. All students will abide by the **SkillsUSA Wyoming** Dress Code for the specific conference/event. Students will not be permitted to participate in a competitive event or receive an award or recognition on stage at any conferences if found to be out of dress code. Unless otherwise noted, blue jeans and other casual attire are excluded from all functions. Students are to be fully clothed at all times outside of sleeping quarters, including movement between hotel rooms and to/from swimming/spa areas. Pajamas are not allowed outside of hotel rooms.
4. Students will not consume or have in possession any alcoholic beverages, prescription medications not prescribed to the student, illegal substances, tobacco or smoke products, including electronic cigarettes and paraphernalia of any kind. Follow your school/district policy for handling of prescription medications and list these on the medical section of this form.
5. Any type of weapons and toy replicas of weapons are prohibited, including water guns, paintball guns, and other items that are intended to cause harm, damage, or disruption of a business-like atmosphere. Gambling is also prohibited.
6. All participants will behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or **SkillsUSA Wyoming**. Conduct unrelated to an educational conference or business environment will not be tolerated. Examples include but are not limited to the following: disrupting a session or event; interaction with non-conference individuals; or any activities that may endanger self or others.
7. All students will be in their own rooms by the established curfew for the event. Students must have the permission of the advisor to visit the room of students of the opposite gender. It is the advisor's responsibility to ensure compliance with these issues.
8. Students will keep their advisor informed of their activities and whereabouts at all times. Accidents, injuries or illnesses must be reported to the State Advisor or delegated representative for the event.
9. Students will not use portable stereos or other loud music- or noise-making devices outside of their rooms. If used in their rooms, volume should be low as to not disturb nearby guests.
10. Conference participants are guests of the hotel, convention center, or other venue for the conference/event and must not deface or destroy the property. All types of roughhousing including throwing items out of the windows will not be tolerated. All trash including pizza boxes, bottles, cans, etc. must be placed in the proper receptacles and not left in the hallways or meeting rooms. Any repairs or replacement costs due to damage or loss that occurs due to their stay will be the responsibility of the individual (s) and/or parent(s) or guardian.
11. The local advisor is responsible for the supervision of their students' conduct. Any participant who disregards this Code of Conduct will be subject to disciplinary action. All rule infractions requiring disciplinary action will result in the participant being sent home at the expense of the participant and/or parent(s) or guardian.
12. **COVID-19:** All participants will comply with stringent safety protocol in all utilized facilities. This include any mask requirements, or social distancing, or health screening upon arrival/entering/checking in to any event.

I have read, understand, and agree to abide by this Code of Conduct.

Medical Information

Is Participant Covered by Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No		Name of Person Responsible for Participant's Medical Bills
Insurance Company	Name of Insured	Relationship to Student of Responsible Party <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other _____
Insured's HOME Phone No. ()	Insured's CELL Phone No. ()	Participant Medical History (check all that apply) <input type="radio"/> Yes <input type="radio"/> No Allergies? (list) _____ <input type="radio"/> Yes <input type="radio"/> No Diabetes? <input type="radio"/> Yes <input type="radio"/> No Epilepsy? <input type="radio"/> Yes <input type="radio"/> No Heart /Lung Problems? <input type="radio"/> Yes <input type="radio"/> No Other; if yes, please explain: _____
Insured's Plan Number	Insured's Group Number	
Name of Physician	Physician's Phone Number ()	
Does participant have a disability that meets criteria specified by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No (We will contact you if necessary.)		Medications: (list) _____

Liability / Medical Release: I certify that the information above is accurate and complete to the best of my knowledge. I hereby agree to release the Wyoming Department of Education and the National and State Association of SkillsUSA and their representatives, agents, and employees from liability for any injury to said minor child/adult participant resulting from any cause whatsoever occurring to said child/adult, at any time, while attending any of the organization's regional/district/state meetings and events, including travel to and from.

Parent / Guardian / Responsible Party: Please check one of the following, sign and date that you are aware.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. I understand that you will notify me and/or any person(s) listed above as soon as possible.
- I DO NOT give permission for medical treatment until I have been contacted.
- I am aware that it is my responsibility to submit updated medical information to the chapter advisor if needed prior to each event occurring during the 2021-2022 school year.

Note to Parent / Guardian: If applicable, please send a copy of your insurance card with your child.

Publicity and Website Permission

The State of Wyoming, Department of Education (WDE) website and the SkillsUSA Wyoming website are two of the primary modes of communication for our students, instructors and others. We understand the global nature of the Internet and concerns for protection and privacy; accordingly, we ask your permission to use images of your child within the WDE and/or Career and Technical Student Organization publications and/or website should we desire. Images of students, instructors, Department of Education employees, parents, and others used in publications and on our website may be included when they are involved in projects, when they are in groups (classrooms, conferences, activities, contests, or chapters), or when their student group receives recognition at the local, district, regional, state, or national level. The website will not include last names, but will use a student's first name only for that student's protection; however, publications may use the student's entire name.

Permission to Use Student's Image: Please check the box indicating that you are granting this permission.

Do not check the box if your intent is to **WITHHOLD** permission.

- I hereby grant permission to use my child's image, name, and/or selected school materials (projects, papers, art work) in publications and on the Department of Education web site.

STUDENT SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /
PARENT / GUARDIAN / RESPONSIBLE PARTY SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /
NOTE: Participants under the age of 18 must be signed by a parent or legal guardian.)		
ADVISOR SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /