



Delegate Registration

Please complete and return by May 15th, 2019

Name:

(Last) (First) (M.I.)

Gender (mark with x): Male___ Female___

High School: _____

Student Address: _____ **City/Zipcode** _____

Student Email: _____

Parent Email: _____

Items for Seminar

Preferred Name for Nametag: _____

T-shirt size (please circle, sizes in adult): S M L XL XXL

Medical History

Delegate Birth Date (mm/dd/yyyy): _____

City and State of Birth: _____

Emergency Contact

Name: _____ **Relationship:** _____

Home Telephone: _____ **Alternative Phone:** _____

Name of Family Physician: _____

Telephone: (____) _____

Summary of Special Considerations

Disabilities:

Allergies:

Dietary Considerations:

Special Needs:

Health Insurance

Health Insurance Plan Name: _____

Health Insurance Plan Number: _____

Delegate is not covered by a health insurance plan.

Personal Medical History

Please check the following conditions/diseases you have or had in the past:

- | | | | | | |
|---------------------|--------------------------|---------------------|--------------------------|----------------|--------------------------|
| Asthma | <input type="checkbox"/> | Vision Loss | <input type="checkbox"/> | Stomach Ulcers | <input type="checkbox"/> |
| Ear Infection | <input type="checkbox"/> | Convulsions | <input type="checkbox"/> | Chicken Pox | <input type="checkbox"/> |
| Hay Fever/Allergies | <input type="checkbox"/> | Dizzy Spells | <input type="checkbox"/> | Mononucleosis | <input type="checkbox"/> |
| Migraines | <input type="checkbox"/> | Fainting Spells | <input type="checkbox"/> | Mumps | <input type="checkbox"/> |
| Nose Bleeds | <input type="checkbox"/> | Difficulty Sleeping | <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Tonsilitis | <input type="checkbox"/> |
| Hearing Loss | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | | |

Other: _____

Please list the name of any medication you are taking, the dosage, and the condition that requires you to take the medication (students can take their own medications without our knowledge, however, we will contact you if tylenol/ibuprofen are needed and weren't brought with):

Please list anything else that you want us to be aware of so that we can accommodate the best we can:

Consent and Acknowledgement

Activities: 2019 Nebraska Leadership Seminar

Dates: June 13th - 16th , 2019

Location: Southeast Community College- Milford, Nebraska

1. IN CONSIDERATION of the right to attend and participate in the Activities described above, the participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby.
2. Agrees to abide by all rules and regulations established by the Nebraska Leadership Seminar, Inc. (“NLS”).
3. Authorizes NLS or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant’s illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment.
4. Grants to NLS for any purpose connected with promoting the purposes and goals of NLS, but not for commercial exploitation, the right to use, reproduce, publish and distribute the Participant’s name, voice, and likeness, and any biographical information submitted by the Participant to NLS in any writings, photographs, films, and recordings of the Participant while he or she is participating in the activities.
5. Acknowledges that there is an element of risk involved in any activity involving travel outside of one’s own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the activities; assumes all risk and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant’s negligence or misconduct; and indemnifies and holds NLS harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys’ fees incurred or suffered by NLS as a result of, or arising out of, the Participant’s negligence or misconduct.
6. This Consent and Acknowledgment of risk shall not be amended, supplemented, or abrogated without the written consent of NLS.
7. The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of risk, and understands its contents.

Date: _____

Participant Signature: _____

Parent/Legal Signature: _____

Seminar Rules and Dress Code

So that the seminar may be conducted as efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed and your parents will be notified. Your school will be notified of your dismissal from the program and their participation will be rejected the following year.

1. The seminar runs from Thursday afternoon to Sunday afternoon. YOU MUST make a commitment to STAY FOR THE ENTIRE EVENT. If you have a scheduling program, we strongly suggest offering the weekend to your school's alternate.
2. You are expected to be on time for all seminar functions. You must attend all seminars
3. and meals.
4. For security reasons, nametags must be worn at all seminar functions.
5. No outside guests are allowed in or around the seminar facility except for the closing ceremonies on Sunday.
6. Stay within your assigned group during seminar sessions. Gain permission from your counselor if you must leave a session and wait for an adult staff member to escort you. No delegate is to leave the facility except for scheduled seminar events.
7. Room visitation by members of the opposite sex is not permitted.
8. No tobacco products, drinking of alcoholic beverages, and/or unauthorized drug use is permitted.
9. Any delegate who has a medical problem that requires special care, treatment, or medication is asked to inform his or her counselor.
10. In case of emergency, contact your counselor or another staff member.
11. Lock your room doors at all times, whether you are in it or not.
12. Cell phones should be kept in the dorm room during the day, and may only be used at night after all activities have concluded. Any Delegate found using a cell phone during scheduled activities will have the cell phone confiscated, to be returned at the end of the day.
13. Any damage caused by a Delegate will be responsibility of that Delegate.
14. Delegates are not allowed to make room changes. You must be in your assigned room at the announced curfew must remain in such until the start of activities the next morning.
15. You must observe the morning wake-up call and be on time to the first activity of the day.
16. Respect the rights of other Delegates and enter only those rooms and floors in which seminar-related activities being held. Keep noise to a minimum.
17. If any Delegate drives him or herself to seminar, his/her car keys will be kept by their counselor until the end of seminar.

Seminar Dress Code

Special dress for the seminar weekend:

- a. Friday Night Dance – Neon color theme
- b. Sunday Closing Banquet – Dress clothes (Business Casual)
- c. Comfortable shoes -- We are on a college campus, so we will walk to all activities

The following is a specific list of clothing and appearance items that are prohibited:

- a. Super short shorts
- b. Hats without a specific seminar purpose (outside activities, volunteer project, etc.)
- c. Mini-skirts
- d. Tops with bare shoulders, halter tops, tops showing the midriff, or revealing tops
- e. Any clothing with offensive language or messages or clothing that advocates or references sex, drugs, alcohol, or any other inappropriate subject

In addition to the specific items set forth in this Dress Code, it is understood by all delegates that the Seminar Chairs, President of the Corporate Board, and/or Alumni Advisor have the specific power to decide what is and what is not appropriate to wear during the seminar.

I certify that the information included on this is complete and true to the best of my knowledge. I understand that NLS cannot be responsible for any emergencies that result from inaccurately describing the participant's medical history. NLS pledges to take every precaution for the participant's safety, and to keep the information secure.

Date: _____

Participant Name: _____

Participant Signature: _____

Parent/Guardian Signature: _____

**Completed Forms can be scanned and e-mailed to Allison Sperry at
asperry@nebraskaleadership.org or mailed to :
Nebraska Leadership Seminar
PO Box 604
Boys Town, NE 68010**



Parent Information

Congratulations on your child's selection as a Delegate to this year's Nebraska Leadership Seminar! This achievement is quite an honor and both you and your son/daughter should be proud.

There are a few things we want to make parents aware of:

Registration: Registration will begin at 11:00 a.m. on Thursday, June 13th. Please be sure your child eats lunch before arriving for check-in. SCC-Milford is located at 600 State St., Milford, NE, 68405. There will be signs posted and staff available to direct you when you arrive at the dorms.

Check-out: Seminar will conclude by 2 p.m. on Sunday, June 16th following the Closing Banquet Ceremonies. Check-out will take place at the respectable dorm halls.

Parent Activities: Sunday, June 16th

Parents are encouraged to attend a Parents' Orientation at 11 a.m., followed by the Closing Banquet. Location for the orientation will be determined soon. More information can be provided in January.

The cost of the Closing Banquet lunch is \$20 per person (excluding the delegate) and the deadline for reservation is **May 15th, 2019**. The reservation form should be accompanied by a check made out to Nebraska Leadership Seminar, Inc. Please do not send cash.

We do hope you will make every effort to attend the banquet, as this is a special accolade that you and your child should celebrate together. Thank you for giving us the opportunity to work with your talented child.

If you have any additional questions, please feel free to give me a call.

Sincerely,

Allison Sperry
(308) 380-0620
asperry@nebraskaleadership.org
NLS Recruitment Chair



Parent Banquet Registration

We will attend the Parents' Orientation/Financial Aid 101 Yes No

I/We will attend the Luncheon and Closing Ceremonies Yes No

(Please note cost below for luncheon)

Number of people attending (excluding the Delegate): _____

Names of people attending: _____

Number attending: _____ x \$20.00 per person = \$ _____

Deadline for Registration is May 15th, 2019

Make checks payable to: Nebraska Leadership Seminar

PO Box 604

Boys Town, NE 68010