

2019 Summer Leadership Camp The Ohio State University July 15-19, 2019

The SkillsUSA Ohio Summer Leadership Camp is open to all students who have at least one year of high school remaining. Each school must send an advisor with their students. All students and advisors are required to complete and sign the code of conduct, personal liability/medical release form, and parental permission agreement. Each Chapter Advisor attending the conference will keep copies of these forms on file with them while at the event. The code of conduct forms are the only forms we will collect on the first day of camp at registration. Please reproduce these forms for each student and advisor who will be attending camp. All campers and advisors must be registered at www.skillsusa-register.org under Summer Leadership Camp. Make sure your change the event filter from National Leadership and Skills Conference to Summer Leadership Camp before entering registration.

The cost for camp is \$300.00 for students and advisors. This cost includes lodging, meals, a camp T-shirt, workbook, and all leadership materials. Form C must be completed with a purchase order number and sent to SkillsUSA Ohio by June 7th. There will be no refunds for cancellations made after July 1, 2019. All schools that send campers must have an advisor attending camp. **Upon receipt of your registration, confirmation will be sent to all registered.** All campers must be in good standing with their school and maintain a grade "C" average or better.

New this year, we plan to have a community service project(s) that will be available to all campers.

There will be a Summer Leadership Camp Planning Meeting on Monday June 10, 2019, from 10:00 am until 2:00 pm for those advisors wishing to help plan activities for the week. The meeting will be held at the Holiday Inn Express, 4899 Sunbury Road, Columbus, Ohio 43230. **One advisor per school who attends this meeting will receive a voucher to cover their registration fee.** Please RSVP to Tamyra.plotts@education.ohio.gov by June 1st if you are planning to attend this meeting with your name, school, email address and phone number.

Personal Liability / Medical Release / Photograph Release All children, students, and adults who attend any conference require this form. No conference attendee is allowed to participate unless

this form is received. Parents and chapter advisors: Please make a copy of this completed form for your records.

Name	H	Home telephone	
Home street address		City/State/Zip	
Date of Birth			
Advisor	School		
School telephone	School street ad	ldress	
City/state/zip			
MEDICAL INFORMATION (children a	nd students only)		
Allergies (drug or otherwise)			
Current medication			
3. Describe any history of heart condi	ition, diabetes, asthma, epile	psy, or rheumatic fever, etc.	
4. Physician's name _	!	Physician's telephone _	
5. Insurance Company		Plan Number	
6. Group Number	Da	ate of last tetanus shot	
7. Emergency Contact:		_Phone number:	
above named person at any time while only such injury or damage resulting full of woluntarily authorize loc obtain routine or emergency medical tagree to indemnify and hol actions, rights of action, or judgments treatment rendered in good faith and after the medical staff of an accredited hother above named person (child or stucconference."	e attending the SkillsUSA Oh rom willful acts of such represal chapter advisors, state advisors, state advisors and the streatment for the above-named harmless SkillsUSA Ohio a by or on behalf of the above according to accepted medical ician member of the Departmospital to render medical treadent) while attending the Skillse video footage and photog	nent of Emergency Medicine of an accredited hospital or any membatment, which in his/her judgment is deemed necessary in the care IlsUSA Ohio activity, including time traveling to and from the graphs of my child for publicity that might include but is not limited to	or oer of
Signature of parent or guardian (if	child or student)	Date	
	<u> </u>	Date	

A COPY OF THIS FORM MUST BE KEPT BY THE CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.



SkillsUSA Ohio - Personal Liability and Medical Release and Code of Conduct Form

Student Name	School	
	Advisor Attending Conference_	
	Advisor Attending Conference	

I hereby agree to release SkillsUSA Ohio, 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 SkillsUSA Ohio Summer Leadership Camp, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA Ohio Director, assistants and/or designees in coordination with the school 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 participant 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 SkillsUSA Ohio and said Director and/or assistants and 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 treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA Ohio, 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 SkillsUSA Ohio.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for parent/guardian approval. All participants must check this form.

Code of Conduct Agreement

SkillsUSA Ohio's Summer Leadership Camp is designed to be an educational function, and all plans are made with that objective. It is approved as a significant educational activity by the Ohio Trade and Industrial Supervisor Association and the Ohio Department of Education – Office of Career-Technical Education.

SkillsUSA Ohio wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation's greatest student organization.

In order that everyone may receive the maximum benefits from participation, the "Code of Conduct," as established by SkillsUSA Ohio's board of directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA Ohio is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

- Camper's conduct shall be the responsibility of School Advisor working with the State SkillsUSA Association.
- 2. Campers will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
- 3. Campers shall be prompt and prepared for all sessions and activities.
- 4. Campers shall keep their group leader/advisors informed of their activities and whereabouts at all times.
- 5. Campers shall wear identification wristbands at all times.
- 6. Campers shall not deface Ohio State University property. Any damages to property or furnishings at Ohio State University will be paid for by the individual camper.
- 7. Campers shall spend the nights at college in assigned dorm room.
- 8. Campers shall be prohibited from having alcoholic beverages or drugs in any form. Prescription drugs will be dispensed by the camp nurse/school advisor.
- 9. Campers shall not be permitted in dorm rooms other than the one assigned.
- 10. Campers shall not be permitted to smoke while at camp.
- 11. Campers shall not leave the camp unless permission from the camp director has been obtained.
- 12. Campers shall adhere to the dress code at all times.
- 13. Campers are required to wear shoes at all times.

- 14. Campers are required to adhere to recreational safety rules set forth by Ohio State University.
- 15. Campers shall not publicly display affection.
- 16. Campers are not permitted to use cell phones during structured meeting activities.
- 17. Internet usage must be in accordance with school policy and supervised by school advisor.

Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

- 1. Violations of Items 1 through 11 of the "Code of Conduct" may be grounds for immediate removal from office and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participants from the participant's state could be disqualified as well.
- 2. Violations of Items 12 through 17 may result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 12 through 17 may result in the participant being sent home at his/her own expense.

Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA Ohio permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA Ohio to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA Ohio 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 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. I do hereby waive all personal claims, causes of action or damages against SkillsUSA Ohio's and the employees thereof arising from a performance or appearance.								
Signature of Participant	Date	Signature of Parent/Guardian	Date					

School Instructions:

- 1. Each participant attending the Summer Leadership Camp should complete this form.
- 2. Each School is to turn in a copy of this form for each student at Registration.
- 3. School Advisors are to bring copies of school emergency medical form.
- 4. It is the School Advisor's responsibility to chaperone students and to be onsite and accessible at the conference.

Parental Permission Agreement

It is our desire for your son/daughter to enjoy their camp experience and profit to the greatest extent possible from it. The conference, in addition to the leadership training program, will have the usual recreational activities and the camp officials will exercise all reasonable precautions. However, the consent of you, as parents, is requested before your son/daughter will be permitted to participate in certain activities.

	As	parents,	уои	are	asked	to	fill	in	the	foli	lowing	g l	blank	si	ncl	uding	your	sig	nati	ure:
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- 1. Complete Code of Conduct.
- 2. Complete Personal Liability/Medical Release/Photograph Release.
- 3. In consideration of the camp management exercising reasonable and necessary precautions to safeguard the health and safety of my son/daughter, I hereby release Ohio State University and Ohio SkillsUSA from responsibility for any injury which he/she may suffer while attending camp.

Signature of parent/guardian:	Date:
Address	
City/State/Zip	
Phone #: Daytime () Evening () Cell ()
Local Physician's Telephone Number: ()	