

MSASC 2022 Registration Form

Name of School: _____ Phone Number: _____

Name(s) and email(s) of advisor(s) attending the conference:

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

Names of students attending the conference:

1.	14.
2.	15.
3.	16.
4.	17.
5.	18.
6.	19.
7.	20.
8.	21.
9.	22.
10.	23.
11.	24.
12.	25.
13.	

Each school is allowed 25 student delegates. Please contact Penny Allen if your delegation is over 25 students. The non-refundable registration fee is \$25.00 per student, \$25.00 per advisor, and \$10.00 per school. Purchase orders for the conference will be accepted. Checks and money orders are to be made payable to MSASC 2021 Conference and mailed to MSASC, c/o Penelope Allen, PO BOX 1735, Oxford, MS 38655. All registration material must be postmarked by **February 19, 2022.**

Number of Students/Advisors: _____ x \$25.00 = \$ _____	
School Registration Fee:	\$ 10.00
Late Registration Fee (if postmarked after 2/14/2020)	\$ 30.00
TOTAL REGISTRATION FEES DUE:	\$ _____

Student Medical Form

Important: THIS FORM MUST BE COMPLETED, SIGNED BY A PARENT/GUARDIAN, AND IN POSSESSION OF THE STUDENT COUNCIL ADVISOR. **Advisors:** Keep this form and present it upon arrival. Please DO NOT mail with registration information.

A student will NOT be allowed to register at the conference unless the advisor presents this medical form on the day of the conference. After the medical form has been shown and documented at the conference check-in desk, the student council advisor will keep Student Medical Form.

Student Name: _____ Age: _____ Gender: _____

Address: _____ Zip: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact (in addition to parent/guardian): _____

Cell Phone: _____

School Name: _____ School Phone: _____

Advisor's Name: _____ Cell Phone: _____

Student's Medical Insurance Company Name: _____

Student's Medical Insurance Company Policy #: _____

Physician's Name: _____ Phone: _____

Special Health Concerns: _____

Medication Allergies (if any): _____

Food Allergies (if any): _____

NOTE: If you child takes medication, please inform the Student Council Advisor, and follow your school district's policies and procedures.

I, the parent or legal guardian of _____, authorize my child's student council advisor(s), _____ to obtain medical care of my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for treatment of my child and agree to be responsible for payment of such care. I release my child's school and advisor, the Mississippi State Association of Student Councils, Lafayette County School District, and their employees from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Parent or Guardian Signature: _____ Date: _____

Student PHOTO RELEASE FORM

I, _____, the parent or legal guardian of _____ [Child]
grant Mississippi Association of Student Councils my permission to use the photographs
from the MSASC 2020 Conference for any legal use, including but not limited to: publicity,
copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable
to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

School District: _____

Important: THIS FORM MUST BE COMPLETED, SIGNED BY A
PARENT/GUARDIAN, AND IN POSSESSION OF THE STUDENT COUNCIL
ADVISOR. **Advisors:** Keep this form and present it upon arrival. Please DO NOT mail with
registration information.

MSASC 2022 Conference

Student Workshop Presenter

Delegates interested in presenting a workshop must complete this form.

Delegates Name: _____

Delegates Email Address: _____

School: _____ Advisor's Name: _____

Workshop Topic: (Please circle one.)

* School Spirit *Fundraising *Student Voice

* Community Service *School Projects

*Constitution/Constitution Revision

Workshop Title: _____

Brief Description:

Please be prepared to present this workshop up to three times in 15-minute intervals. You may use handouts, boards, laptop, tablet, etc., as presentation options. Please make sure to make copies of all handouts/materials needed.

Please mail this form to:

Penelope Allen

PO BOX 1735

Oxford, MS 38655

This form should be Mailed by February 19, 2022.

**2022 Registration for Mixer
Friday, March 11, 2022
Lafayette High School
6:30 p.m.-8:30 p.m.**

Name of School: _____

Advisor's Email: _____

Number of Students Attending the Mixer: _____

Number of Adults Attending the Mixer: _____

**Names of Attendees with Food Allergies:
(List name and type of allergy)**

List any accommodations: