



Greater Lowell SkillsUSA

Champions at Work!

March 12, 2019

Congratulations on qualifying to participate in the Massachusetts SkillsUSA State Leadership and Skills Conference! This is an incredible honor and you should be proud to represent Greater Lowell Tech at such an important event.

The conference will be held **on April 25-27, 2019**. The Best Western Royal Plaza Hotel and Conference Center, 181 Boston Post Road West; Marlboro, MA 01752 will serve as conference headquarters. Schools will be lodged at the Best Western and other nearby hotels, with competitions being hosted at area technical schools. *(Note: As soon as final lodging assignments have been distributed by the state, we will forward them to parents.)*

We will be departing Greater Lowell at approximately 2:30pm on Thursday, April 25, 2019 and returning to Greater Lowell at approximately 2:30pm on Saturday, April 27, 2019. **TEAM WORKS Competitors** will be leaving on Wednesday, April 24, 2019 after school (time: TBA) and returning on Saturday with the rest of the competitors. **All students are responsible for arranging their own transportation home** from Greater Lowell on Saturday. Parents are invited to come to the conference center for the Awards Ceremony and to pick up their students, if they wish. **However, the Awards Ceremony is a ticketed event**, and admission must be purchased on-line in advance at the state website: maskillsusa.org. Parents will be notified when tickets go on sale.

This package contains all the information needed to attend the state conference.

This Memo:

This memo is for parents to keep so that they know where we are and how to contact us during the competition. Please make sure that your parents receive this memo.

The Paperwork:

All paperwork must be returned to the SkillsUSA Drop-Box outside Student Activities by **Wednesday, March 27, 2019**.

The SkillsUSA Registration, Personal and Liability Release Form:

This must be completed and signed by your parent or legal guardian. Students **MUST** sign this form as well.

The Student's Agreement of Participation and Parent Permission Form:

Both must be completed by your parent or legal guardian **AND** the student, regardless of the student's age.

The Sign-out Sheet must be signed by each of your **X week** instructors or co-op supervisor.

Once again, congratulations on qualifying for the state conference. It will be an exciting, busy and exhausting experience, but one well worth the effort and anticipation! Should you have any questions or concerns, please do not hesitate to contact anyone of your SkillsUSA Advisors, or Ms. Sharon Cornellier, Lead Advisor at scornellier@gltech.org, or (978) 454-5411 ext. 5385.

**ALL PAPERWORK MUST BE TURNED IN TO THE SKILLSUSA BOX OUTSIDE STUDENT ACTIVITIES
BY WEDNESDAY, MARCH 27, 2019**

State Conference Frequently Asked Questions

What should I pack?

You will need Official SkillsUSA Dress (black dress pants or skirt, white blouse or dress shirt, black tie for men, black shoes) or business-like attire for the duration of the conference. You will also want respectable, neat, but casual clothes for the dance Friday night. Some competitors will need to bring work boots, work pants, safety glasses, and gloves (work shirts will be provided). You will also need toiletries, pajamas, toothbrush, etc.

Will I need to bring tools?

Yes. Tools and supplies lists will be distributed to you as soon as they are forwarded from the state on April 1st.

Can I bring my cell phone?

Yes, however some cell phone companies do not receive service in the area the hotel is located. You will not be able to have your cell phone on during the actual competition.

Do I need money?

Yes and No. You may want money to buy snacks, raffle tickets, pizza, etc., but all meals and supplies are provided.

Can my parents/boyfriend/girlfriend/friends/etc. come to the awards ceremony?

The awards ceremony is open to the public, but **guests must purchase a ticket** from the maskillsusa.org website. Tickets are limited and sell out quickly! They typically go on sale on April 15th of each year at 8:00am. Tickets will sell out by 8:05 am.

Can I go home with my parents after the awards ceremony?

Yes, but you have to "check-out" with the lead advisor before leaving the property.

Can I go home with my boyfriend, girlfriend, cousin or other after the awards ceremony?

No. The only person who can dismiss a student from the conference is **your own parent or legal guardian, NO EXCEPTIONS!**

Can I drive my own car to the conference?

No. The state association requires all students to arrive by school transportation.

Who will be chaperoning?

The Student Activities Coordinator, SkillsUSA advisors, and instructors from the different technical programs will be accompanying students from Greater Lowell. SkillsUSA alumni, conference staff and others will also be on site.

Can I pick my roommates at the hotel?

No. However, you may request a certain roommate by speaking with Ms. Cornellier prior to March 29th. We will not guarantee any room assignments, though, because the rooming situation is difficult to manage because of contest logistics.

Can I switch roommates when I get to the hotel if I don't like who I get?

No. You're only in the room to sleep and unconscious people can't annoy you too much.

Can I bring snacks with me?

Yes, within reason.

When do I need to return my conference paperwork?

ALL PAPERWORK MUST BE TURNED IN BY WEDNESDAY, MARCH 27, 2019

SKILLSUSA OFFICIAL DRESS

Wearing the official SkillsUSA attire adds a sense of unity and identification to meetings and activities. **NOTE:** If SkillsUSA attire is unavailable, it may be substituted for business like attire. Please see your advisor ASAP if you need assistance in planning your attire for the conference!



FOR WOMEN

OFFICIAL SKILLSUSA ATTIRE:

- Red SkillsUSA blazer, windbreaker or sweater (optional)
White collarless or small-collared blouse or white turtleneck
- Black dress skirt (knee-length) or black dress slacks Black shoes
- Dress socks or hose
- Simple jewelry—no more than one earring in each ear.

BUSINESS-LIKE ATTIRE:

- Dress shirt, blouse, or sweater with sleeves—preferably white (must not be sheer or see-through)
- Dress pants or skirt (skirts must be no shorter than 1" above the knee)
- Dress shoes and dress socks or hose—no black sneakers!
- Simple jewelry—no more than one earring in each ear.

FOR MEN

OFFICIAL SKILLSUSA ATTIRE

- Red SkillsUSA blazer, windbreaker or sweater (optional)
- White dress shirt
- Plain solid black tie
- Black dress slacks
- Black dress shoes and black dress socks



BUSINESS-LIKE ATTIRE:

- Dress shirt, collared shirt or dressy sweater—preferably white
- Optional: Suit coat and tie of any color
- Dress pants of any color. No khakis/denim material.
- Dress shoes and dress socks—no black sneakers!



REMEMBER: NO LIVE CELL PHONES IN COMPETITION AREAS!

ANY RINGS, BUZZES OR VIBRATIONS = DISQUALIFICATION!

SKILLSUSA
STATE LEADERSHIP AND SKILLS CONFERENCE
AWARDS CEREMONY



Where: Best Western Royal Plaza Hotel
and Trade Center, Marlboro, MA
(in the Trade Center building)

When: Saturday, April 27, 2019
Time: 10:00am (tentative)

This is a ticketed event.

Admission can be purchased on-line at maskillsusa.org.

Tickets typically go on-sale at 8:00 am on April 15th of each year and sell out by 8:05 am.

No one will be admitted without a ticket.

*ONLY your own parent or legal guardian can dismiss students to ride
in their vehicles at the close of the Awards Ceremony
by seeing the designated advisor for Greater Lowell.*

*Please confirm the correct time with your student after he/she arrives at the conference
and receives an official conference program.*



RESUME REQUIREMENT

All State Competitors are **REQUIRED** to submit two typed copies of a one page typed **RESUME** as part of contest requirements. Your resume must be packed in your tool box or supply kit. However, just in case, your advisors will hold a copy of your resume to use as a back-up.

Please submit a copy of your resume by April 11, 2019 using one of the following methods:

- **PRINT** a copy of your resume drop it off in the box outside of Student Activities.
- Create your resume on Google Docs and **SHARE** a copy with Ms. Sharon Cornellier.
- **EMAIL** a copy of your resume to Ms. Cornellier at scornellier@gltech.org .
- **DON'T FORGET** to pack **TWO** copies of your resume in your tool box or supply kit!

Need help creating a resume?

Ms. Cornellier is available every Tuesday after school for resume development.



SPECIAL NOTE: Contestants in Job Interview, Employment Application Process, and Team Works should follow the resume guidelines and submission instructions as outlined in the contest standards.

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- 3-D Visualization and Animation: VA – 2
 Action Skills: AS – 1
 Additive Manufacturing: AMF – 2
 Advertising Design: ADV – 1
 American Spirit: AM – 1-3
 Architectural Drafting: AD – 1
 Audio Radio Production: RAP – 2
 Automated Manufacturing Technology: MFG–3
 Automotive Refinishing Technology: ART–1
 Automotive Service Technology: AST–1
 Basic Health Care Skills: CARE–1
 Cabinetmaking: CM – 1
 Career Choice Commentary: CCC – 1 (Freshman only)
 Career Pathways Showcase:
- Arts and Communications Cluster: CPSA – 3
 -Arts, Audiovisual Technology and Communications
 - Business, MGT. & Technology Cluster: CPSB – 3
 -Business Management and Administration
 -Finance Services
 -Information Technology
 -Marketing, Sales and Services
 - Health Services Cluster: CPSC – 3
 -Health Science
 - Human Services Cluster: CPSD – 3
 -Government and Public Administration
 -Law, Public Safety and Security
 -Education and Training Services
 -Human Services
 -Hospitality and Tourism
 - Industrial & Engineering Tech. Cluster: CPSE – 3
 -Architecture and Construction
 -Manufacturing
 -Science, Technology and Math
 -Transportation Distribution and Logistics
 - Natural Resources/Agriculture/Food Cluster: CPSF – 3
 -Agricultural, Food and Natural Resources
- Carpentry: C – 1
 Chapter Business Procedure: CBP – 6
 Chapter Display: DIS – 1-3
 CNC Milling Specialist: CNCM – 1
 CNC Technician: PMT – 1
 CNC Turning Specialist: CNCT – 1
 Collision Repair Technology: CRT – 1
 *Collision Damage Appraisal: CDA – 1 (Limited Demonstration – By Invitation Only)
 Commercial Baking: CB – 1
 Community Action Project: CAP – 2
 Community Service: CS – 3
 Computer Programming: CP – 1
 Cosmetology: CO – 1
 Cosmetology Under 500 hrs: COU – 1+model
 Criminal Justice: CJ – 1
 Culinary Arts: CA – 1
 Customer Service: CUS – 1
 Dental Assisting: DA – 1
 Diesel Equipment Technology: DET – 1
 Digital Cinema Production: VPD – 2
 Early Childhood Education: PRE – 1
 Electrical Construction Wiring: ECW – 1
 Electronics Technology: ET – 1
 Employment Application Process: EAP – 1
 Engineering Technology/Design: ENG – 3
 Entrepreneurship: ENTR – 4
 Esthetics: EST – 1+model
 Exploratory Project Demonstration: EXP – 1 (Freshman only)
 Extemporaneous Speaking: ES – 1
 First Aid/CPR: CPR – 1
 Graphic Communications: GC – 1
 Graphic Imaging Sublimation: GIS – 1
 Health Knowledge Bowl: BOWL – 4
 Health Occ. Professional Portfolio: HOPP -1
 Heating, Ventilation, Air Conditioning and Refrigeration: HVAC – 1
 Industrial Motor Control: MOTR – 1
 Information Technology Services: CMT --1
 Internetworking: WORK – 1
 Job Interview: II – 1
 Job Skill Demonstration A: JSDA – 1
 Job Skill Demonstration Open: JSDO – 1
 Major Appliance and Refrigeration Technology: MAT – 1
 Marine Service Technology: MT – 1
 Masonry: M – 1
 Mechatronics: MECH – 2
 Medical Assisting: MA – 1
 Medical Math: MM – 1
 Medical Terminology: MTM – 1
 Mobile Robotics Technology: MRT – 2
 Nail Care: NAIL – 1
 Nurse Assisting: NA – 1
 Occupational Health and Safety – Single: OHSS – 3

Occupational Health and Safety – Multiple: OHSM – 3
Opening and Closing Ceremonies: OCC – 7
Outstanding Chapter: OUT – 3
Painting & Design Technology: PDT – 1
Photography: P – 1
Pin Design (State Conference): PIN – 1
Plumbing: PLB – 1
Power Equipment Technology: PET – 1
Practical Nursing: PN – 1
*Precision Laser Imaging: PLI: – 1 (*Limited Demonstration – By Invitation Only*)
Prepared Speech: PS – 1
Principles of Engineering/Technology: PT – 1
Promotional Bulletin Board: BB – 3
Related Technical Math: RTM – 1
Restaurant Service: FBS – 1
Robotics: Urban Search and Rescue: USR – 2
Robotics and Automation Technology: RAT – 2
Screen Printing Technology: SP – 1
Sheet Metal: SM – 1
Sticker Design (State Conference): SKD – 1 (Freshman only)
*STEM Immersion Challenge: STEM – 2 (*Limited Demonstration – By Invitation Only – Freshman Only*)
TeamWorks: TW – 4
Technical Computer Applications: TECH – 1
Technical Drafting: TD – 1
Telecommunications Cabling: CAB – 1
Tee-Shirt Design: TSD – 1
Web Design: WEB – 2
Welding: W – 1
Welding Sculpture: WS – 1

STUDENTS/PARENTS

**BEFORE SUBMITTING THE FORMS ON THE
FOLLOWING PAGES, PLEASE...**



DETACH AND KEEP

**THE INFORMATIONAL MATERIALS FOR
FUTURE REFERENCE!**

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Greater Lowell SkillsUSA

Champions at Work!

Student's Agreement of Participation

SkillsUSA is a student organization designed to promote and foster positive work ethics, civic responsibility and professional pride. In keeping with these ideals, students who choose to participate in organization conferences requiring activities fees agree to the following contract. Students who do not return a signed contract two school weeks prior to the date of the conference will not be able to compete or participate in conference activities.

The Greater Lowell Chapter of SkillsUSA hereby agrees to pay **\$285.00** for all fees and costs per individual for activities and meals associated with the **SkillsUSA Massachusetts State Leadership and Skills Conference** being held **April 25-27, 2019** at the **Best Western Royal Plaza Hotel and Trade Center** in Marlboro, MA and area technical schools.

In exchange, _____ agrees to represent the Greater Lowell delegation as a competitor/delegate in the area of _____ to the best of his or her professional/ technical ability.

Should the above named student fail to adhere to his/her agreement to represent the Greater Lowell delegation, or should the student be disqualified for inappropriate or illegal activity, that student **will be held responsible** for all fees and costs as specified above.

Special Note for Students Involved in Team Events: your failure to compete will result in the remainder of your team being disqualified. As a result, any student in a team event who fails to attend the conference or who is disqualified **will be held responsible for all fees and costs associated with that team, or \$285.00 multiplied by the number of members on the team, not to exceed \$1,000.00.**

Only the following exception applies:

- The student is legitimately ill on the day of the conference or competition and can provide a **doctor's note**, appropriately dated, that explicitly states that the student is incapable of participating in the specific competition activity designated above.

By signing this contract, you, and your parent or guardian, agree to the terms and conditions set forth in this contract and will be responsible for any fees and costs associated with breaching this agreement.

Greater Lowell SkillsUSA Lead Advisor's Signature

Date

Participating Student Member's Signature

Date

Participating Student's Parent or Guardian's Signature

Date

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Greater Lowell SkillsUSA

Champions at Work!

Parent/Guardian's Agreement of Transportation

Student Name: _____ Competition: _____

The Greater Lowell Chapter of SkillsUSA hereby agrees to transport the above named student via school bus to and from the SkillsUSA State Leadership and Skills Conference on April 25-27, 2019. Parents and guardians MUST arrange appropriate transportation home on Saturday, April 27, 2019, upon our return to Greater Lowell at approximately 2:30 pm.

The student's chaperone and advisor, who volunteer to supervise the conference, are required to stay with your student until they depart the school by an appropriate mode of transportation. We cannot leave until all students have departed school grounds.

As such, the parent or guardian agrees to ensure that the student named above has prompt transportation from Greater Lowell Tech immediately upon our return to school. Students who are picked up later than 15 minutes after our arrival will forfeit their right to participate in future SkillsUSA conferences and events.

Please note:

- Our approximate time of arrival will be 2:30 pm on Saturday, April 27, 2019. Students will be instructed to call their rides when we depart Marlboro, thereby providing 30 minutes notice.
- Students with driving privileges may leave their cars at Greater Lowell in the designated area for the duration of the conference. Parents may also drop off student's cars Saturday morning.

By signing this agreement, you agree to respect the time of our volunteers chaperoning the conference and will arrange prompt transportation from Greater Lowell Tech as outlined above. In the event of a disciplinary issue, parents/guardians are required to immediately remove the student from the conference location or location of the incident.

Sharon Cornellier, Greater Lowell SkillsUSA

Date

Print Parent or Guardian's Name

Cell Phone Number

Signature of Parent or Guardian

Date

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Greater Lowell Technical High School Overnight Field Trip Permission Form

Date of Request: March 8, 2019

Student Cell #: _____ 

Student Name: _____

Student ID #: _____ 

Address: _____

Birth Date: _____ 

Club/Organization/Class: SkillsUSA

Teacher/Advisor: Sharon Cornellier, Guy Gangemi, Paul Pesce

I grant permission for my son/daughter _____ 
(Student Name)

to participate in all activities associated with the Greater Lowell Technical High School field trip described below, as well as any and all transportation by van, bus, train, plane, or any other mode of transportation associated with the trip (hereinafter, "field trip").

SkillsUSA State Leadership and Skills Conference

(Activity)

at the Best Western Royal Plaza and Trade Center, Marlboro, and area hotels and schools.

(Destination)

on Thursday-Saturday
(Day)

April 25-27, 2019**
(Date)

****Team Works
Only--
depart date
Wednesday,
April 24th.**

Departs Greater Lowell at: 2:30 pm on Thursday
(Time)

Return at: Approx 2:00 pm on Saturday
(Time)

I understand and agree that participation in the field trip is conditioned upon the Student's continued adherence to the school's Code of Conduct outlined in the Student Handbook and reasonable instructions from school employed teachers/advisors/chaperones. I understand and agree that GLTHS reserves the right to require the withdrawal of any student who does not abide by the terms of participation of whose continuation is not in the best interest of the field trip.

Release from Liability and Indemnity Agreement

I hereby release, acquit, discharge, and covenant to hold harmless the Greater Lowell Technical High School District and its departments, officers, employees, and agents (collectively, "GLTHS"), from any and all actions, causes of action, lawsuits, damages, losses, claims, injuries, or expenses of whatever kind or nature, known or unknown, which Parent(s) or Student have or hereafter may acquire, either before or after Student has reached his/her majority, resulting from, on account of, attributed to, or in any way growing out of, directly or indirectly, Student's participation in the Field Trip.

I furthermore agree to defend, INDEMNIFY, and hold Greater Lowell Technical High School harmless against any claim, damage, loss or expense of whatever kind of nature that Greater Lowell Technical High School may have to pay the arises from Student's intentional grossly negligent, or reckless acts or omissions while participating in the field trip.

Overnight Field Trip Permission Form (cont'd)

EMERGENCY INFORMATION

Does your son/daughter have any medical condition, allergies, or dietary restrictions that the advisor/teacher should be aware of? Yes (If yes, please explain) No



Please describe what, if any, accommodations are necessary to accommodate the student's restrictions/health concerns. Please attach a separate piece of paper, if necessary.



Please list any medication(s) student **currently** is taking (both prescription and over-the-counter) in this section. Please indicate the dosage and time(s) for the administration of the medication, the reason for the medication and any other information you deem relevant. If your child is not taking any medications, please leave the following lines blank or write "none". Please attach a separate piece of paper, if necessary.



Please note, if your child is taking any medications, you will be required to:

- Contact the school nurse at 978-441-4433 or his/her delegate to create medication plan for field trip.
- Medication needs to be in a labeled bottle with only the amount needed for administration.



I give permission for teacher/advisor/chaperone to give my child Tylenol. Yes No

Parent/guardian(s) can be reached at in case of emergency:

Parent/Guardian Contact

Parent/Guardian Contact

Name: _____

Name: _____

Day Telephone: _____

Day Telephone: _____

Evening Telephone: _____

Evening Telephone: _____

If parent/guardian cannot be reached in the event of an emergency, please provide us with an alternative contact, whom you are authorizing to give assistance.

Contact Name: _____

Address: _____

Relationship: _____

Telephone: _____

Insurance Coverage Information

Name of Insured: _____

Address: _____

Insurance Company: _____

Address: _____

Policy #: _____

Telephone: _____

In the event that neither I nor the alternative contact identified above cannot be reached immediately, I hereby authorize GLTHS's employee(s) or agent(s) who is supervising my child to act on my behalf in authorizing and consenting to emergency medical care for my child if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I hereby release and discharge GLT from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

I have reviewed this entire Overnight Field Trip Permission Form and Agreement and consent to its terms.

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

(Print Student Name)

(Student Signature)

(Date)



Greater Lowell SkillsUSA

Champions at Work!

Adaptations for Achievement

SkillsUSA is committed to ensuring that every student has a positive experience during conferences and competitions. For this reason, we ask that you complete the form below, so that we may plan for appropriate accommodations, meals, and transportation. Last minute on-site requests may not be able to be accommodated. Information provided will be handled with confidentiality and shared only as the accommodation necessitates.

Student Name: _____ Student ID: _____

Student's Shop: _____ Skills Contest: _____

Please check all that may apply.

IDEA Accommodations:

- No accommodations on file
- IEP/SPED Plan on File
- 504 Plan on File

Meals:

- No Special Meals Required
- Vegetarian
- Gluten-Free
- Other: _____

Language Services:

- Student Needs help understanding English.
- No special language services required

Other Needs*:

- | | |
|--|---|
| <input type="checkbox"/> None/Not applicable | <input type="checkbox"/> Kurzweil Testing |
| <input type="checkbox"/> Blood Sugar Monitoring | <input type="checkbox"/> Alternate Transportation |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Handicap Accessible Hotel Accommodations (states and nationals only) |
| <input type="checkbox"/> Sign Language Interpreter or TTY | <input type="checkbox"/> Modified or Special Equipment |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Braille, Audio Directions, or Large Print | |

Note

Adaptation requests and/or questions can be directly communicated by emailing Sharon Cornellier, SkillsUSA Lead Advisor, at scornellier@gltech.org, or to Lauryn Cyr, Student Activities Coordinator, at lcyr@gltech.org or (978) 441-4417.

Is there anything else we need to know about this student in order for him/her to have a positive SkillsUSA conference, competition or travel experience? _____

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CONFERENCE REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Read the other side of this form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

1 Complete this entire section.

Participant's home address is required. Do not use school address as home address.

Email address is required. Pre-conference information will be sent electronically.

SkillsUSA State Association: Massachusetts			Parents'/Guardians' Names or emergency contact		
Check one:	<input checked="" type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College/Postsecondary Division:		Parents' Telephone Number (area code required): (978)		
Participant's Name (First, Last) as it should appear on name badge:			Name of SkillsUSA Advisor for participant's occupational area: Shop Teacher:		
Participant's HOME Address:			School where participant's occupational training/trade area is taught: Greater Lowell Technical High School		
City:	State: MA	ZIP Code:	Mailing Address of above school: 250 Pawtucket Boulevard		
HOME Telephone (area code required): (978)	CELL Phone (area code required): (978)	City: Tyngsboro	State: MA	ZIP Code: 01879	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): (978) 454-5411		
EMAIL address (to receive important instructions/contest updates before conference): @gitech.org			Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X		

MEAL Choice, must be entered in registration! Standard Gluten Free Vegetarian

2 Contestants only, complete this section.

All others, complete this section.

Check: <input checked="" type="checkbox"/> Contestant	Contest Abbreviation: _____ and Name (from cover sheet) in which competing:	
Graduation Year:	Occupational Training/Trade Area in which contestant is enrolled:	
Check one: <input type="checkbox"/> Advisor (Teacher) <input type="checkbox"/> School Director <input type="checkbox"/> Delegate	<input type="checkbox"/> Observer (Student) Please Specify Role: _____ (National Anthem Singer, Techspo, Costello, Student Advisory Council)	

Adaptation For Achievement, Accommodation for IEP for this student: Yes No

3 Complete this on-site emergency contact/ADA information.

Name of Teacher/Adult chaperoning participant at conference: Sharon Cornellier	Check "Yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). We will contact you for further information. <input type="checkbox"/> Yes
ON-SITE Telephone Number of teacher/adult chaperone (area code required): (978) 441-5385	

4 SIGN the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing this form, I do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing this form, I do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperone-ing my child at this event so that this person may act on my behalf in case of a medical emergency.

PARTICIPANTS — SIGN HERE AND ATTEST. IF YOU ARE OVER AGE 18 CHECK THIS BOX:

X _____

PARENT/GUARDIAN — SIGN HERE TO ATTEST FOR PARTICIPANT

X _____

SkillsUSA Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc., 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 conferences, 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 medical services coordinator, 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 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 Inc. and said medical services coordinator 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 Inc., 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.

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 sign this form.

Release of Personal Information Through Lead Retrieval System

Each participant name badge at SkillsUSA's National Leadership and Skills Conference will include a barcode that includes personal information.

I understand that by giving my verbal permission to vendors and staff associated with the conference, this information will be used for follow-up after the conference. Personal information will include name, e-mail address, mailing address, training program and contest area, where appropriate.

By signing the box on the other side, I acknowledge my understanding of this statement.

Code of Conduct Agreement

SkillsUSA's conferences (inclusive of local, state and national events) are designed to be educational functions, and all plans are made with that objective. SkillsUSA's National Conference is approved as a major educational activity by the National Association of Secondary School Principals and the Association for Skilled and Technical Sciences.

SkillsUSA 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 SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times.

Note that attendance at SkillsUSA events is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA 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 school & state.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not enter any hotel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel without the express permission of my advisor or state association director. Should I receive permission, I will leave a written notice of where I will be.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor or state association director informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA attire and not smoke while wearing it.
11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
12. I will adhere to the dress code at all required times.

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 6 of the "Code of Conduct" will 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 7 through 12 will 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, school and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by attesting to the statement on the other side of this page.

Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA 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 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's national headquarters and the employees thereof arising from a performance or appearance.



Greater Lowell SkillsUSA Student Blazer Lending Agreement

ONLY Leadership and Technical Competitors who are REQUIRED to wear a blazer should complete this form.

Voting Delegates and other participants may complete the form in the event that extra blazers are available.

SkillsUSA is a student organization designed to promote and foster positive work ethics, civic responsibility and professional pride. In keeping with these ideals, students who borrow official SkillsUSA dress, such as blazers, are responsible for the return of these items.

The Greater Lowell Chapter of SkillsUSA hereby agrees to lend _____
(Student's Name)
an official SkillsUSA blazer for the purpose of competition or participation in a SkillsUSA event.

In exchange, the student named above **agrees to return the SkillsUSA blazer** in the same condition in which it was received according to the following conditions:

- The blazer issued to the student will be the sole responsibility of that same student.
- The student will return the same blazer issued within 3 academic school days of the event in which it was used. Please note the identification number found inside the blazer.
- The blazer will be returned in person to the lending advisor who will issue a return receipt. Advisors are not responsible for blazers left in classrooms, offices, or given to other students.
- If a garment bag is issued with the blazer, you are required to return it with the blazer.

Should the above named student fail to return the issued blazer, he/she **will be held responsible** for the cost to replace the blazer, at the current selling price, not to exceed **\$125.00**. *(www.skillsusastore.org)*

By signing this contract, you, and your parent or guardian, agree to the terms and conditions set forth in this contract and will be responsible for any cost associated with breaching this agreement.

Participating Student Member's Signature

Date

Participating Student's Parent or Guardian's Signature

Date



Questions??? Contact Skills Advisor Sharon Cornellier at scornellier@gltech.org or Student Activities Coordinator Lauryn Cyr at (978) 441-4417

For Advisor Use Only:

Date of Issue: _____
Blazer # Issued: _____
Garment Bag Issued? _____
Date of Return: _____
Blazer # Returned: _____

Notes: _____

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