



# Statements of Agreement

2019 STATE CONVENTION

Student Delegate's Name \_\_\_\_\_

School Name \_\_\_\_\_

**DO NOT USE INITIALS --- Spell out the school name**

## Principal's Approval

I recommend that this student be accepted as a delegate to the North Carolina Association of Student Councils State Convention as a delegate from my school and approve this registration for his/her participation. I expect this student to abide by all convention rules and regulations and I request to be notified should any problems arise.

\_\_\_\_\_  
Enter Principal's name above.

\_\_\_\_\_  
**Signature of Principal**

\_\_\_\_\_  
**Date**

## Advisor's Approval

I recommend that this student be accepted as a delegate to the North Carolina Association of Student Councils State Convention as a delegate from my school and approve this registration for his/her participation.

I will attend the convention with my delegates.  Enter **YES** or **NO** If **NO**, identify the adult who will register and attend the convention with the school delegation.

Name \_\_\_\_\_

This adult is: (indicate with a **X**)  Another School Staff Member  Parent  Another School Advisor

**NOTE: An adult (advisor, parent or teacher) who will be responsible must register and attend.**

I have made arrangements for the school delegation's travel **to** and **from** Roanoke Rapids High School and the principal, students, and their parents know the details of and approve of these transportation arrangements.

\_\_\_\_\_  
Enter Advisor's name above.

\_\_\_\_\_  
**Signature of Advisor**

\_\_\_\_\_  
**Date**

## Student Delegate Agreement

If I am accepted as a delegate, I agree to abide by all rules and regulations established by the officials of the North Carolina Association of Student Councils State Convention. I will be a worthy representative of my school by contributing my best efforts to the success of the convention. I understand that a refund will not be provided if I do not attend. I understand that a violation of any convention regulation or failure to cooperate with NCASC officials may result in my advisor (or responsible adult), parent/guardian, and principal being notified and/or my dismissal from further participation.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

## Parent/Guardian Agreement

I approve of my son/daughter's participation in the NCASC State Convention and understand all expectations while he/she is attending this program. I expect my son/daughter to abide by all convention regulations and to be notified if any problems with my child should arise. I understand that a refund will not be provided if my child does not attend. I understand that photos and videos are taken at this program in which my child may be included. It is expressly understood and agreed that these photos or videos may be included in or on NCASC newsletters, magazines, web site and/or other publications or media materials for promotional, editorial or advertising purposes and I hereby provide the NCASC permission for such use.

\_\_\_\_\_  
Enter Parent's name above.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Return this Statement of Agreement and the Student Medical Form to your advisor.  
These two forms will be included in the school registration packet your advisor will mail to:**

**Elliott Mathis P.O. Box 379 Granite Quarry, NC 28072**