

- (1) Click on the line to enter Names, School Name, and info in advisor's section.
- (2) Print it (select Print to Fit or 95%) and obtain signatures and date of signatures.



Statements of Agreement

Student Delegate's Name _____

School Name _____

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

Principal's Approval

I approve this student to be a delegate from my school to attend the North Carolina Association of Student Councils Summer Leadership Workshop. I expect this student to abide by all workshop rules and regulations and I request to be notified should any problems arise. I have approved the travel arrangements and the adult listed below who will attend and provide supervision.

Enter Principal's name above.

Signature of Principal

Date

Advisor's Approval

I approve this student to be a delegate to the North Carolina Association of Student Councils Summer Leadership Workshop.

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

I have made arrangements for the school delegation's travel **to** and **from** Mars Hill University and the principal, adults attending, 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 Summer Leadership Workshop. I will be a worthy representative of my school by contributing my best efforts to the success of the workshop. I understand that a refund will not be provided if I do not attend. I understand that a violation of any workshop regulation or failure to cooperate with workshop officials may result in my advisor (or responsible adult), parent/guardian, and principal being notified and/or my dismissal from further participation in the workshop.

Signature of Student

Date

Parent/Guardian Agreement

I approve of my son/daughter's participation in the NCASC Summer Leadership Workshop and understand all expectations while he/she is attending this program. I expect my son/daughter to abide by all workshop 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 workshop 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, website 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