

**EMCC Overnight Trips  
Eligibility Policy**

1. Class overnight trips are restricted to seniors in the advanced program only.  
Club overnight trips are open to all club members.
2. Academic Standing:
  - a. Students must maintain passing grades on each quarterly report card prior to the trip.
  - b. Students must be up to date with homework and assignments up to one week prior to the departure date of the trip.
3. Attendance:
  - a. Students must maintain 85% attendance throughout the school year.
4. Behavior/ Discipline:
  - a. Students must have an acceptable disciplinary record and be free from the following offenses.
    - 1) Fighting - unless it can be proven that the student had no part in escalating the conflict.
    - 2) Insubordination - no repeated offenses.
    - 3) Drugs/ weapons - no incidences of drug or weapons possession or involvement.
    - 4) Vandalism - no incidences of defacing property or equipment misuse.
    - 5) Theft - no incidences of stealing or knowingly possessing stolen goods.

**IF ANY OF THESE EXPECTATIONS ARE NOT MET AND THE STUDENT HAS A DEPOSIT ON RECORD, THEIR DEPOSIT WILL BE FORFEITED.**

<b>Student Signature</b>	_____	<b>Date</b>	_____
<b>Parent Signature</b>	_____	<b>Date</b>	_____

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### **EMCC Overnight Trip Student Behavior Expectations Form**

1. Students must abide by all school rules and behavior expectations (see Monroe #1 BOCES code of conduct).
2. Students are representing Monroe #1 BOCES and their community while on the trip and as such, are expected to dress and conduct themselves with dignity and deportment.
3. Tobacco, e-cigarettes, vape products and devices, alcohol and controlled substances are prohibited.
4. Curfew time is established by the chaperones. All students are expected to be in their assigned rooms and quiet by the designated time.
5. Rooms and luggage may be searched by a chaperone at any time.
6. Rooms will be assigned prior to trip departure and the student must reside in that room for the duration of the trip. Females will room with females and males will room with males. Students will not be allowed in the room of the opposite gender for any reason unless accompanied by a chaperone.
7. Television and radio volume must be at a level that does not disturb others.
8. Students are asked to inform the trip leader in advance, if they have a medical or personal issue that could affect their enjoyment on the trip. The trip leader will keep all information confidential.
9. Any damage to the hotel, airplane or bus will be billed directly to the parent/guardian. Monroe #1 BOCES is not responsible in any way for damages by a student on a field trip.
10. Students are expected to follow the trip itinerary. The parent/guardian will be financially responsible for any monetary loss of any group activity that has to be canceled, delayed or modified due to student not being at the designated place at the assigned time.
11. The student is responsible for their personal belongings. Monroe #1 BOCES does not accept responsibility for any lost or damaged personal items.

IF A STUDENT VIOLATES ANY OF THE ABOVE RULES, THE STUDENT WILL BE PLACED ON THE NEXT AVAILABLE FLIGHT/BUS BACK TO ROCHESTER AND THE STUDENT/ PARENT(S) WILL BE RESPONSIBLE FOR THE ADDITIONAL COST.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**\*It is mandatory that you provide a photocopy of your medical insurance card and attach it to this form\***

## OVERNIGHT EXCURSION MEDICAL PERMISSION FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date(s) of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Teacher/Coordinator: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

(for group home residents, include house manager name and cell number)

Mother: _____	Father: _____
Day phone: _____	Day phone: _____
Evening phone: _____	Evening phone: _____
Cell phone: _____	Cell phone: _____
Pager: _____	Pager: _____

## EMERGENCY CONTACT PERSON (if parents/guardians cannot be reached)

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Does your insurance provider/HMO require that MD be notified prior to emergency care – non-life threatening situations?***  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

## MEDICATION ORDER FOR OVERNIGHT FIELD TRIP

We **must** have doctor's orders for all **prescription or over-the-counter** medications that are required while students are in our care. Medications must be **provided in original labeled containers** (with student's name on over-the counter medications). **Send only the quantity of medication that will be needed for this trip.**

Will medications be used by the student on this trip? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ if so, please list:

### MUST BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER:

This child is under my care and requires the following medication during overnight field trips:

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Times:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Side Effects** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Times:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Side Effects** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Times:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Side Effects** \_\_\_\_\_

**Prescriber's Name and Title (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for my child to be seen and/or treated in an emergency room in the event of illness or injury during this school trip. I also give my permission for a BOCES staff member to administer my child's medication while on this trip (if approved by RN). I understand that doctor's orders are needed for all medications given on this trip (including over-the-counter medications). I certify that the above information is complete and accurate.

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### To be completed by School Nurse

Student is self-directed: ☐ Yes ☐ No **RN Signature:** \_\_\_\_\_

#### Please check all that apply to this student:

☐ asthma ☐ motion sickness ☐ allergies to: ☐ food \_\_\_\_\_

☐ diabetes ☐ homesickness ☐ insects \_\_\_\_\_

☐ seizures ☐ sleep problems ☐ medication \_\_\_\_\_

☐ recent illness \_\_\_\_\_ ☐ other \_\_\_\_\_

☐ restrictions: ☐ physical \_\_\_\_\_

☐ dietary \_\_\_\_\_

☐ other \_\_\_\_\_

Is there any other information that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

## OVERNIGHT TRIP PERMISSION FORM

### TEACHER

- Complete trip information:

<b>EMCC Program:</b>	ALL	
<b>Trip Destination:</b>	NYS Fairgrounds, Syracuse, NY	
<b>Purpose of Trip:</b>	NYS SkillsUSA Competition	
<b>Trip Date(s):</b>	Wednesday, April 22 at 12:30pm	Friday, April 24 at 2pm
	Departure Date/Time	Return Date/Time

- Get administrator approval:

#### Approval:

\_\_\_\_\_  
 EMCC Administrator Signature

### STUDENT

\_\_\_\_\_  
 Student Name

- Obtain signatures:

You need **Parent/Guardian Approval** and **Home School Approval**.

#### Parent/Guardian Approval:

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Emergency Phone #

#### Home School Approval:

\_\_\_\_\_  
 Home School Administrator Signature

\_\_\_\_\_  
 Home School Attendance Signature

\_\_\_\_\_  
 Home School Administrator Name (Print)

\_\_\_\_\_  
 Home School Attendance Name (Print)

- Return signed form to teacher-

The EMCC instructor must have this completed permission form **at least 5 days** in advance of the trip in order for the student to participate.

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# SkillsUSA New York

## Contestant Safety Agreement

*This form must accompany each competitor.*

**School:** \_\_\_\_\_

**Contest:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Who is competing in this year's skill conference may as part of his/her experience; work with hand tools; operate machines, power tools, and/or motorized equipment.

It is understood that each contestant has successfully completed appropriate safety instruction in the use of common hand tools, machines, power tools and/or motorized equipment related to their respective trade area.

**Each contestant reviewed and has been instructed in the safety of the equipment listed on the NY Contest Standard for the contest they will be attending.**

All contestants are required to supply, and wear clothing and equipment appropriate to the trade area while participating in this contest and must assume responsibility for following safe operating procedures.

We ask that each contestant subscribe to the following safety pledge.

1. I PROMISE TO FOLLOW ALL TRADE AND PERSONAL SAFETY RULES.
  2. I PROMISE TO WEAR APPROPRIATE SAFETY EQUIPMENT AND CLOTHING AT ALL TIMES.
- I WILL NOT OPERATE MACHINERY, POWER TOOLS, EQUIPMENT OR USE ANY HAND TOOL; UNLESS I HAVE BEEN INSTRUCTED IN IT'S USE AND HAVE SATISFACTORILY PASSED THE APPROPRIATE SAFETY TEST AS PART OF MY OCCUPATIONAL/VOCATIONAL PROGRAM.

**Contestants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby confirm that said Student has received proper training and demonstrates the safe and appropriate use of common hand tools, machines, power tools and/or equipment that may be used during this skill conference.

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All contestants are to turn these sheets in at the orientation meeting. Revised Dec 2019



# 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.**  
(Please include copy of medical card when returning this form.)

**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: <b>New York</b>			Parents' /Guardians' Names (if participant is under age 18):		
Check one: <input checked="" type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> Middle School Division <input type="checkbox"/> College/Postsecondary Division			Parents' Telephone Number (area code required): (     )		
Participant's Name (First, Last) as it should appear on name badge:			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's HOME Address:			School where participant's occupational training/trade area is taught: <b>Eastern Monroe Career Center</b>		
City:	State:	ZIP Code:	Mailing Address of above school: <b>41 O'Connor Rd.</b>		
HOME Telephone (area code required): (     )	CELL Phone (area code required): (     )		City: <b>Fairport</b>	State: <b>NY</b>	ZIP Code: <b>14450</b>
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): <b>(585) 387 - 3815</b>		
EMAIL address (to receive important instructions/contest updates before conference):			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		

**2** Contestants *only*, complete this section.

All others, complete this section.

Check: <input 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"/> State Association Director <input type="checkbox"/> Delegate <input type="checkbox"/> State Association Director's Spouse/Child	<input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____

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

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

**4** Check 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 checking the box, 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 checking the box, 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 chaperoning my child at this event so that this person may act on my behalf in case of a medical emergency.

**PARTICIPANTS —**  
**CHECK HERE IF YOU ARE *OVER AGE 18***  
**AND ATTEST:**



**PARENT/GUARDIAN —**  
**CHECK HERE TO ATTEST FOR PARTICIPANT**  
**(MANDATORY IF PARTICIPANT IS *UNDER AGE 18*)**



THIS COMPLETED FORM MUST BE TURNED IN OR PARTICIPANT WILL NOT BE ALLOWED TO ATTEND.

## 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 National Leadership and Skills Conference, 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 National Leadership and Skills Conference 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 check 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.

### 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 checking the box on the other side, I acknowledge my understanding of this statement.

### Code of Conduct Agreement

SkillsUSA's National Leadership and Skills Conference is designed to be an educational function, and all plans are made with that objective. It is SkillsUSA's most significant meeting of the year, with thousands of students attending from all over the nation. It 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 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 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 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's national headquarters permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA's headquarters permission 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's national headquarters 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's national headquarters 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.



# Basic Participation Form

SECONDARY ASSOCIATION OF SkillsUSA NEW YORK

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ COMPETITION: \_\_\_\_\_

CAREER CENTER or TECH SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE AT SCHOOL: (\_\_\_\_) \_\_\_\_\_

ADVISOR: \_\_\_\_\_ email: \_\_\_\_\_

## ***Qualifications for Eligibility as a Contestant in a Basic Competition***

- NOTE: All information is kept confidential.
- **FORMS ARE TO BE** Brought to the orientation meeting the night before competition

## **CANDIDATE:**

- Must be an active SkillsUSA New York member.

**TO PARENTS or GUARDIAN:** Having your son or daughter participate in a NYS SkillsUSA competition is a wonderful and rewarding experience, both for them and for SkillsUSA. These competitions are part of their SkillsUSA club activities and are presented as a skills challenge. By signing this you are allowing the School and advisor to notify us that your son/daughter is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997. Thank you for helping SkillsUSA to certify a high level of responsibility for your student.

Signed: \_\_\_\_\_

Parent or Guardian

**TO CTE PRINCIPAL or DIRECTOR:** It is essential that you be aware of the importance of the Basic contests and the student's participation and requirements. Only students Classified under the provisions of Public Law 105-17, Individuals with Disabilities Education act, 1997 may compete. Your signature assures that the above student meets all requirements.

Signed: \_\_\_\_\_

Principal or Director

**TO ADVISOR:** Your signature assures that you have registered the above student in the appropriate Basic competition and that this student is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997.

Signed: \_\_\_\_\_

Advisor

***This form only used for the Basic Contest contestants.***

**The following form only needs to be completed if your student is competing in one of the following SkillsUSA state level competitions:**

- **Action Skills Basic**
- **Auto Vehicle Maintenance Basic**
- **Carpenter's Assistant Basic**
- **Community Action Basic**
- **Employment Application Process Basic**
- **Food Preparation Basic**
- **Small Engine Service Basic**