

# **NMASC ANNUAL LEADERSHIP WORKSHOP – Student Application Form**

**Advisers:** Please duplicate this form and use one form per delegate. Please do not submit the form until you have made sure that the requested information is typed or printed clearly in black ink, that all information is filled out completely, and that all required signatures are obtained.

**Student Information:** Please complete the following information thoroughly. Type or print in black ink.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last Name First Name Day/Month/Year

Mailing Address \_\_\_\_\_ Grade \_\_\_\_\_  
POBox or Street Number City Zip Code as of Fall, 2010

Circle summers you have attended NMASC Annual Workshop Circle t-shirt size (Only sizes indicated are available)  
2004 2005 2006 2007 2008 2009 3X 2X XL L M S

Home Phone (505/575) \_\_\_\_\_ Cell Phone (505/575) \_\_\_\_\_ Emergency Phone (505/575) \_\_\_\_\_  
Name of Person at Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Insurance Provider/Patient ID Number \_\_\_\_\_ Medication(s) Student Is Taking \_\_\_\_\_

Special Dietary Needs/Concerns \_\_\_\_\_ Allergies to Medication, Food, etc. \_\_\_\_\_

**I authorize the workshop authorities to obtain through a physician any medical care necessary to the student. I also agree not to hold the NMASC or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such activities. I have also read and agree to the stipulations in the Student Participation Commitment Form.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**School Information:** Please complete the following information thoroughly. Type or print in black ink.

Name of School \_\_\_\_\_ Name of School Principal \_\_\_\_\_  
(Please print.)

Mailing Address \_\_\_\_\_ School Phone (505/575) \_\_\_\_\_  
POBox or Street Number City/Zip Code

Name of Student Council Adviser \_\_\_\_\_ Adviser's Home Phone (505/575) \_\_\_\_\_

Adviser's E-Mail Address for access during the summer time \_\_\_\_\_

Adviser's Summer Mailing Address \_\_\_\_\_  
PO Box or Street Number City Zip Code

If someone other than Student Council Adviser will attend the workshop with students, please give the following information:

Name of Person \_\_\_\_\_ Home Mailing Address \_\_\_\_\_  
POBox or Street Number/ City/Zip Code

Summer E-mail Address \_\_\_\_\_ Home Phone (505/575) \_\_\_\_\_

**I certify that this student is academically eligible to participate in extra-curricular activities. I further certify that I have read and agree to the stipulations in the Student Participation Commitment Form.**

Principal \_\_\_\_\_  
Signature Date

Adviser \_\_\_\_\_  
Signature Date

Attending Adviser \_\_\_\_\_  
Signature Date