

# 2023 Southern Association of Student Councils Conference

October 14-16, 2023

# Chapin High School

300 Columbia Ave Chapin, SC 29036 (803) 575-5400

Advisor Roger Mize: <a href="mailto:rmize@lexrich5.org">rmize@lexrich5.org</a>
Co-President Graham Thompson
Co-President Eason Donaldson



## SASC 2023 Registration Checklist

| *Mail your complete registration packet, payment, and submit online      |
|--|
| form before the Sept. 22nd deadline.**                                   |
| ☐ Complete the Online Delegate Registration Form <b>for EACH</b>         |
| attendee (including advisors)  |
| $\square$ If Interested in presenting workshop make sure to CLICK YES on |
| the digital registration google form to be included on workshop          |
| informational emails.  |
| $\square$ Mail your completed Registration Packet with the following     |
| included in the envelope:  |
| ☐ School Registration Form   |
| ☐ Advisor Registration Form <b>for EACH Advisor</b>                      |
| ☐ Principal Approval Form  |
| ☐ SASC School Registration Organizer                                     |
| ☐ Student Registration Form <b>for EACH Student</b>                      |
| ☐ Medical Authorization and Liability forms <b>for EACH student</b>      |
| ☐ Copy of insurance card <b>for EACH Student</b>                         |
| $\square$ School or District Check for full registration amount of \$190 |
| (Late fee \$215) made out to <b>Chapin Eagle Club</b> (NOT CHAPIN        |
| HIGH SCHOOL) Mail to:  |
| Chapin High Sahaal   |
| L'honin Ligh Sangal  |

Chapin High School ATTN: Roger Mize, CHS Advisor 300 Columbia Ave Chapin, SC 29036



# **School Registration:**

PLEASE NOTE: All registration forms must be submitted with full paperwork, payment, AND the online form to be considered complete.

\*\*YOU MUST ALREADY BE AN SASC MEMBER IN ORDER TO REGISTER\*\*

Please print legibly and fill out completely.

| School Name            | □High School □Middle School |
|------------------------|-----------------------------|
| School Mailing address |                             |
| City                   | StateZip                    |
| Primary Advisor's Name | Advisor's Cell              |
| Advisor's Email        |                             |
| Principal's Name       | Contact #                   |

Each school may bring **14 delegates**, including advisors, and earn **4 bonus delegates**. Please mark the boxes for any extra delegates that apply to your school.

| Diamond Member          | +1 delegate |  |
|-------------------------|-------------|--|
| Running for SASC office | +2 delagate |  |
| Workshop Presenter      | +1 delegate |  |
|                         | Total Bonus |  |





#### Principal Approval Form

### This form is REQUIRED for a school's participation in the 2023 SASC Conference. School\_\_\_\_\_\_State\_\_\_\_\_

My signature below indicates that I have read, understand, and agree with the rules, regulations, and expectations as outlined in the Conference Student Delegate Behavior & Responsibility Policy and Conference Dress Policy. I understand that a violation of any conference guideline or expectation contained in either of these documents or communicated to my students at the conference by any adult advisor or host school official may result in me being notified and/or my student being sent home at his/her or his/her parent/guardian's expense. I expect my students to exhibit their best behavior and to represent our school in a positive manner. I wish to be informed should any issue arise involving any member of our school delegation that needs my attention upon their return to our school. I approve the individuals listed below to be a part of the school delegation to the 2023 SASC Conference.

#### **School Delegation**

| First and last name | Student or Advisor |
|---------------------|--------------------|
| 1.                  |                    |
| 2.                  |                    |
| 3.                  |                    |
| 4.                  |                    |
| 5.                  |                    |
| 6.                  |                    |
| 7.                  |                    |
| 8.                  |                    |
| 9.                  |                    |
| 10.                 |                    |
| 11.                 |                    |
| 12.                 |                    |
| 13.                 |                    |
| 14.                 |                    |
| 15.                 |                    |
| 16.                 |                    |
| 17.                 |                    |
| 18                  |                    |

| Principal's Signature    | Date |
|--------------------------|------|
| Preferred contact method |      |



# SASC 2023 School Registration Organizer

|               |                   | ard                    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|---------------|-------------------|------------------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|               |                   | Insurance Card         |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | Forms:            | Student Reg.<br>Form   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               |                   | Other                  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
| me:           | Dietary Needs:    | Gluten<br>Free         |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
| Advisor Name: | Dietary           | Veg.                   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
| State: Ac     |                   | XXL                    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
| Sta           | ľ                 | ×                      |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | ľ                 | _                      |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | Shirt Size:       | Σ                      |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | Shi               | S                      |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
| Schools Name: | egate:            | Student                |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | Type of Delegate: | Advisor                |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |
|               | Γ.                | Delegate Names Advisor | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. |

Please provide the following information to help us with our planning:

Name of Student Council President (if attending):

Name(s) of Workshop Presenters: Name of Voting Delegate:

Do you plan to submit projects? YES NO Will you attend an optional worship service on Sunday?

YES

\*Bonus Delegates as applicable



Advisor's Name (printed clearly)

#### **Advisor Registration Form**

Please print legibly and fill out completely.

| First Name  | Last Name   |
|---|---|
| School Name   | State   |
| Daytime Phone #   | Mobile Phone #  |
| Email Address   |   |
| Emergency Contact   | ##  |
| Special Health Concerns/Allergies   |   |
|   |   |
|   |   |
| Advisor & Cha   | aperone Responsibilities  |
| Advisors/Chaperones are responsibl  | e   |
| <ul> <li>For registration of the group ι</li> </ul>                                     | ipon arrival at Chapin High School.                                 |
| <ul> <li>To review and discuss the SAS</li> </ul>                                       | C Conference Rules with the student delegates.                      |
| <ul> <li>For ALL actions made by stud</li> </ul>  | ent delegates.  |
| <ul> <li>To attend EVERY part of the p<br/>at the site for the duration of t</li> </ul> | rogram to supervise student delegates and to remain the conference. |
| <ul> <li>To ensure that students follow</li> </ul>                                      | ALL conference and Hotel Rules.                                     |
| <ul> <li>For hotel room checks at design</li> </ul>                                     | gnated <i>lights</i> out time.                                      |
| Advisors and chaperones are asked to  | o sit with their respective delegations during general              |
| sessions. Please monitor for and curt   | ail any behavior that is interfering with a delegate's              |
| ability to participate or that is creating  | ng an intimidating, hostile, or offensive environment.              |
|   |   |
|   |   |
|   |   |
|   |   |

Advisor's Signature

Date



# Student Registration Form Print Legibly. This form is REQUIRED for each student participating in the 2023 SASC Conference.

\*Please fill out the form COMPLETELY. All information is important in the event of an emergency.\*

| School & State   |  |  |
|--|--|--|
| First Name & Last Name   |  |  |
| Age, Gender, Grade   |  |  |
| Parent's Name & Mobile #   |  |  |
| Emergency Contact & Phone # (not parent)   |  |  |
| Delegate's Physician & Phone #   |  |  |
| Medical Insurance Provider   |  |  |
| Policy/Group # & Member ID # (See note below for card copy)  |  |  |
| Who is responsible for medical payments if uninsured?  |  |  |
|  |  |  |
| Special Health Concerns or Allergies   |  |  |
| What medications, if any, are you currently taking (prescription or over-the-counter)? Please indicate dosage. |  |  |
| What prescription or over-the-counter drugs should NOT be administered?  |  |  |

Important: Attach a copy of the FRONT and BACK of the insurance card; print your name on that page. Make 2 additional copies of all medical forms/insurance cards- one for the student to have at all times and one for the advisor to have at all times.



#### Conference Dress Policy

Conference attire is casual, yet we hope all delegates will dress appropriately for a leadership conference throughout the event. We plan for SASC 2023 to be a fun event, but we expect all delegates to dress accordingly. In light of this, please follow the guidelines below about conference dress:

#### **Delegate Conference Attire**

\*\*ADVISORS: Please attend to your delegates' clothing: style and length.\*\*

- Shirts and pants must "meet in the middle." No midriffs showing.
- Conference t-shirts are not to be altered in any way until after the conference ends.
- Pants or Jeans may not have holes or large tears/rips above the knee.
- Shorts/skirts must be no shorter than mid thigh in length.
- Pants should be worn on the waste, no sagging
- NO bare feet at any time
- NO tank tops, spaghetti straps, or side cut-out shirts
- NO midriff shirts, cut-off shirts

#### **Delegate Stage Attire**

Anyone who appears on stage as a candidate, to give a speech, etc. must be dressed in business attire.

On-stage attire guidelines are as follows:

- GIRLS—skirts must come to at least the crease IN THE BACK OF THE KNEE, including any slit in the skirt.
- GIRLS—Dresses, shirts, and all other tops must have sleeves.
- GUYS—ties and long sleeved, collared-shirts.
- NO flip-flops or tennis shoes on stage.

\*\*Candidate skits must follow conference attire, but are exempt from stage attire.\*\*

The Executive Director and Advisors may make determinations about appropriate attire during skit preview if necessary. Candidates may be asked to purchase items at their own expense to meet dress code standards.



#### Medical Treatment Authorization & Liability Release

I, the parent or legal guardians of the named minor, authorize the Southern Association of Student Councils, Chapin High School, or an adult from my child's school who is supervising my child at this conference to obtain medical care for my child in the event such care is necessary. I understand that I will be contacted, if possible, in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for any payment of such care. I release SASC and its agents, Chapin High School, and the conference advisor from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

| ignature below indicates that I have <u>regree to abide</u> by all the rules, regulation vior & Responsibilities and the Conferman | cipation Agreement  ad, understood, discussed with my parent/ ons and expectations as outlined in the Con | nference Student Delegate    |
|--|---|------------------------------|
| gree to abide by all the rules, regulation vior & Responsibilities and the Confermance   | ons and expectations as outlined in the Con   | nference Student Delegate    |
|  | suments or communicated to me at the constant, my home school advisor, and principal by                   | ference by any adult advisor |
| Student Delegate's Signature   | Parent's Signature  | Date                         |
|  |   |                              |
| Photogr  | raphs/Video Recordin  | ıg                           |



#### Delegate Behaviors and Responsibilities

The SASC Conference is an opportunity for student leaders to gather for the purpose of meeting other student leaders, hearing quality speakers/presenters, sharing ideas, enhancing their leadership skills by actively participating in all conference sessions, and experiencing the culture of the host school and the community in which it is located. SASC is committed to the safety and well-being of every participant, student or adult, so everyone will have an enjoyable time and have a positive conference experience. The following guidelines have been developed to communicate the expectations for delegate behavior prior to the conference. Delegate and parent signatures on the SASC Permission / Agreement Form indicate that both have read and discussed the guidelines below and are in agreement with these expectations.

#### All delegates are expected to:

- Attend all conference sessions at the designated times and places. Once the conference begins and until it
  ends, delegates cannot deviate from the stated schedule with alternative plans, or visit relatives or friends in
  the arena.
- 2. Respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare to themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisors, presenters, and guests. Always display the appropriate mode of behavior of any student council position.
- The following will NOT be allowed during presentations unless otherwise specified: cell phones/texting, hand held games, or other electronic devices. Delegates will be occupied throughout the conference; advisors should be called if a student needs to be contacted.
- 4. Understand that the use of alcohol, tobacco, or illegal drugs is strictly prohibited. Any student found in possession or under the influence of any illegal drug or alcohol will be expelled from the conference and turned over to his or her advisor. The student will be sent home without delay at his/her expense. An SASC representative will notify both the student's principal and parents of the infraction. Law enforcement will be notified if a delegate violates any civil or criminal laws.
- 5. No food or drink is allowed in general sessions.
- 6. Stay in a safe, supervised environment. Unsupervised students may not leave the conference at any time.
- 7. Respect the property of others. Students are not to take objects from the conference areas or any time.
- 8. Acknowledge that all advisors at the SASC conference are authority figures and are to be treated as such.

A violation of any of these guidelines could result in a student being sent home at the student's or his/her parent's or guardian's expense. We appreciate your support of our mission to provide leadership-development events.





#### Hotel Information

#### **SASC Block Rooms**

Home2Suites by Hilton Columbia Harbison 550 Columbiana Drive Columbia, SC 29212 803-376-0600 Rate \$164

TownPlace Suites Columbia/Harbison 438 Columbiana Drive Columbia, SC 29212 803-630-1559 Rate \$229 for Fri/Sat and \$139 for Sun/Mon

Residence Inn Columbia/Harbison 944 Lake Murray Blvd Irmo, SC 29063 803-749-7552 Rate \$259 for Fri/Sat and \$159 for Sun/Mon (Rooms are King Studios, King Bed with Pullout)

Most hotels want rooms reserved by September 13th 2023



#### **Other Hotels in Area**

Comfort Suites Columbia at Harbison 750 Saturn Parkway Columbia, SC 29212 803-205-2145

Hyatt Place Columbia/Harbison 1130 Kinley Road Irmo, SC 29063 803-407-1560

Holiday Inn Express and Suites 211 Lanneau Ct Columbia, SC 29212 803-732-2229

Hampton Inn Columbia I-26/Harbison 101 Woodcross Drive Columbia, SC 29212 803-749-6999

Tru by Hilton Harbison 271 Columbiana Drive Columbia, SC 29212 803-732-7299