



Nova Scotia Secondary School Students' Association
Inclusion Conference

S.H.I.N.E. 2018 Delegate Form

Saturday, April 14 8:00am-9:00pm Rosaria Building, Mount Saint Vincent University, Halifax, NS

Name: _____ Home Phone #: (_____) _____ - _____

Cell Phone #: (_____) _____ - _____ E-mail: _____

Mailing Address: _____

City/Town _____ Postal Code _____

Birth Date: (year/month/day) ____/____/____ Gender: _____

School: _____ School Phone:(_____) _____ - _____ Grade: _____

Region (please circle): Chignecto Metro Sou'west Straight CBV Valley

T-shirt Size: S ____ M ____ L ____ XL ____

HEALTH CARD MUST BE BROUGHT TO CONFERENCE

Medical Conditions:

Medical Concerns:

As a Delegate, Please check if you experience any of the following:

- Epileptic Seizures?
If so, to what severity?

- Down Syndrome?
 Autism?
 Cerebral Palsy?
 Do you have any dietary concerns?

If so, please explain:

Do you have any physical limitations and/or mobility issues?

Are there any other concerns?

What are some tips that would make you more comfortable at conference?

Have you attended any NSSSA Inclusion Conferences before? (Please circle)

HANDS'10 PEACE'11 COURAGE'12 INSPIRE'13 ROAR'14 d.i.r.e.c.t.i.o.N.S.'15
ABILITY'16 ROOTS'17

Photo/Video consent:

At this conference, there will be representatives of the NSSSA documenting the day. Photos may appear on the website.

I consent to images of **my child** being used by the NSSSA for promotional purposes only.

Parent Signature: _____ Date: _____

Medical Release:

Check if, your child is required to take any medication while at S.H.I.N.E.'18?

If so please explain, Specific Medication, dosages & directions:

I, _____, being the Parent or Legal Guardian of _____ do give permission for the First Aid personnel to administer any required medication, as directed above.

Parent or Legal Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Home phone# (____) _____

P/G Cell #: (____) _____ P/G Work#: (____) _____

Parent E-mail _____

Emergency Contact (other than P/G): _____ Relation: _____

Phone #: (____) _____

Washroom Consent

At this conference, there will also be Delegate Assistants, Skillbuilders and other Inclusion Representatives who will be able to assist your son/daughter with the washroom if needed. This is only offered with the consent of the parent/guardian of the Delegate.

Please check if, you child requires assistance or supervision in the washroom? **If so**, please explain:

Please check if, you consent for your son/daughter to receive this supervision or assistance by two of the student Skillbuilders, Delegate Assistants or Inclusion Representatives of the same sex?

If no, do you consent for your school advisors to assist your son/daughter?

Parent or Legal Guardian Signature : _____

Advisor Information:

All schools MUST have a Principal's Designate (Advisor) with them at the conference. Please have the designated Advisor complete the information below. (Please note that there can't be a ratio of more than 12 students per adult). If you are having difficulty securing an advisor, please contact the Committee Advisor Meagan Soley at (902) 452-6347 (cell) / meagan.soley@gmail.com

Advisor Name: _____ School Phone# (_____) _____
Home Phone #: (_____) _____
Cell Phone # (_____) _____ E-mail: _____
Position (Teacher/Parent/Community member, etc): _____
Advisor's Signature: _____ Date: _____

Parent/Guardian permission to attend S.H.I.N.E. 2018

I, _____ the parent/guardian give permission for my child,
_____ to attend S.H.I.N.E 2018.

Parent/Guardian signature _____

Please answer the following questions (use a separate sheet if necessary) & send in with your completed form:

| | |
|--|--|
| 1) What do you do in your free time? (Hobbies) | |
| 2) What is your best trait? | |
| 3) Have you ever attended a leadership conference NSSSA or another? | |
| 4) Is there anything else that you would like to tell us about yourself? | |

Form and payment of 75\$ are due Friday, March 9,

This form must be given to you advisor and accompanied by payment in the form of cash, cheque or money order made payable to **your school**. Your advisor will mail in all forms and payments to:

The Inclusion 3-Tions

P.O. Box 8662

Hfx, C.S.C.

Halifax, NS, B3K 5M4

Note: No refunds for cancellations after Saturday, March 31

If you have any questions or concerns, please feel free to contact:

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| <p>Emily Sauliner Inclusion Co-Chair 902 209 1748 emily.sauline13@gmail.com</p> | <p>Taryn Hanrahan Inclusion Co-Chair 902 478 1858 taryn.hanrahan003@gmail.com</p> |
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