



DISTRICT 2 - SKILLSUSA

SPRING RALLY AT DORNEY PARK

May 28th 2024

I/we hereby grant permission for _____
Student Name

to attend and participate in the above activity. In case of an accident, injury or illness, I/we do hereby authorize the SkillsUSA or CTSO advisor to take the above named student to a physician or emergency room of a hospital. Since the health of the student is of paramount importance, it is imperative to know whether your child has any allergies, handicaps or other health problems of which the advisor should be aware. If so, please note:

First and Last Name

Street Address City/State/Zip Home Phone Work/Cell

Who can be reached if the parent/guardian is not available in case of illness or injury?

First and Last Name

Street Address City/State/Zip Home Phone Work/Cell

Health Insurance Carrier Name/Number: _____
This information is strictly confidential. Insurance Carrier Name Policy Number

I have read and agree to the attached code of conduct. If I withdraw or am sent home from this activity, I understand that my parents/guardian and I are responsible for the entire cost of the event (\$).

Signature of Student Date

Signature of Parent/Guardian Date

Signature of Advisor Date

Any food allergy or dietary restrictions: _____



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STUDENT APPLICATION GUIDELINES

Technical School: _____

Name: _____ Technical Area: _____

We recommend this student with consideration of membership, academic standing and not in danger of failing (C average = 70% or higher), attendance (no more than 10% absences to date) and with no major discipline problems.

Technical Instructor: _____
Signature Date

Home School Principal: _____
Signature Date

CT Administrator: _____
Signature Date

SkillsUSA Advisor should bring this document to the activity and always keep it in his/her possession.