

SDLC STUDENT CONDUCT AGREEMENT

SDLC registration is completely online this year. Please make sure that you have electronic versions of all required forms for each student registrant before beginning the process. For each SDLC participant, a Student Conduct Agreement with all required signatures and a signed Parents' Authorization and Indemnification Agreement (Medical Release Form) must be uploaded at the time of registration. Without these forms, the registration process will not be completed. School chaperones and administrators should also bring a copy of each form with them to the conference.

AGREEMENT

NAIS and the Student Diversity Leadership Conference (SDLC) faculty and facilitators are pleased that you will attend this year's conference. You and other students from across the country will take an active role in exploring issues of diversity. We will take a critical look at ourselves, others, and society at large. We will examine the range of diversity, including age, ability, ethnicity, gender, race, religion, sexual orientation, and socio-economic class and we will dialogue on how these identifiers impact cross-cultural communication. We will empower you to develop your own action plans for your school. The skill-building, networking, and exploring of ideas will enable you to develop strategies for creating dialogue in your own school and community.

Our goal is to create social justice for and by everyone. We expect that you will take this unique opportunity seriously. These basic rules, designed by students, provide a safe environment and promote optimum participation in the Student Diversity Leadership Conference:

1. Students are expected to abide by the nightly curfew and to remain in their assigned rooms. The curfew on Thursday is 11:00 PM and on Friday is 12:00 AM.
2. Students may meet socially in public areas only. Out of respect and safety, students are not allowed in hotel rooms other than their own. Physical intimacy is strictly prohibited at all times during the conference.
3. The use of alcohol, tobacco, and drugs is strictly prohibited.
4. Cell phones, pagers, and other electronic devices are to be turned off during all conference sessions.
5. Students should anticipate their medical needs and carry medication, sanitary needs, cough drops, etc. at all times since students will not be allowed to leave the SDLC area to retrieve or purchase these items.
6. Students must attend all conference sessions, meals, and activities. Punctuality is required.
7. During all conference sessions, conference faculty must be informed of the whereabouts of each student participant at all times. Upon dismissal, students are responsible to their chaperones.
8. Respect for the views of peers and the guidance of conference faculty and facilitators is expected.
9. Adherence to community norms and the safeguarding of a sense of community is expected and will enhance conference participation for all.
10. Students and adults who are not registered for the Student Diversity Leadership Conference may not attend any events and may not socialize at the conference site.

As representatives of your school, we expect you to work hard, have fun, and dress and act responsibly. Your school and NAIS have placed a great deal of faith in you and feel that you can not only handle the responsibility but will excel individually and collectively. By signing below, you agree to follow these conference rules and understand that violating any of them will result in expulsion from the conference.

In the unfortunate event of a student's expulsion from this conference, the student's parents are responsible for any additional travel expenses. The student's school is responsible for completing disciplinary action. The decision of the NAIS Vice President for Equity and Justice is final.

SIGNATURES

All signatures are required at the time of registration.

STUDENT NAME (PRINT)

SCHOOL NAME

SIGNATURE

DATE

CHAPERONE'S NAME (PRINT)

SIGNATURE

DATE

CHAPERONE'S EMAIL ADDRESS

PARENT/GUARDIAN'S NAME (PRINT)

SIGNATURE

DATE

PARENT/GUARDIAN'S EMAIL ADDRESS

SCHOOL ADMINISTRATOR'S NAME (PRINT)

SIGNATURE

DATE

SCHOOL ADMINISTRATOR'S EMAIL ADDRESS

SDLC REGISTRATION AND FORMS DEADLINE

October 31, 2017

REMEMBER:

SDLC Registrations are limited and will be processed on a first come, first served basis. All forms must be submitted at the time of registration; no registrations will be processed with incomplete forms. So don't delay in submitting your registration and SDLC forms!

Student Diversity
Leadership Conference

Nov. 30 – Dec. 2, 2017

Anaheim, California

National Association
of Independent Schools

UPLOAD

this form at time
of registration.

SDLC PARENTS' AUTHORIZATION AND INDEMNIFICATION AGREEMENT (MEDICAL RELEASE)

For each SDLC participant, a Student Conduct Agreement with all required signatures and a signed Parents' Authorization and Indemnification Agreement (Medical Release Form) must be uploaded at the time of registration. Without these forms, the registration process will not be completed. School chaperones and administrators should also bring a copy of each form with them to the conference.

AGREEMENT

The NAIS 2017 Student Diversity Leadership Conference will take place in conjunction with the People of Color Conference in Anaheim from November 30 through December 2, 2017. This document is an essential part of the Student Diversity Leadership Conference, serving three important purposes. The first is confirmation that the student whose parents/guardians sign the form is permitted to take part in the Student Diversity Leadership Conference program. The second purpose is to state the agreement of the student's family and NAIS as to the allocation of the risks of: 1) the student's travel to and in Anaheim; 2) living away from home during the conference in an unfamiliar location; and 3) participating in the activities which make up the Student Diversity Leadership Conference Program. The third purpose is confirmation that NAIS has parental authorization to obtain emergency medical care for the student, should such care become necessary during the course of the Student Diversity Leadership Conference Program. Please read the language of these three provisions carefully and do not hesitate to call Caroline Blackwell, NAIS Vice President, Equity and Justice, (202) 973-9700 if you have questions. It will not be possible for your child to participate in the 2017 Student Diversity Leadership Conference unless this form is returned with appropriate signatures at all three required locations.

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1. PARENTAL PERMISSION TO PARTICIPATE

As a custodial parent/guardian of _____ (please print student's name), grade _____ (please provide child's grade),

from _____ (please provide child's school),

I have given her/him my permission to participate in the NAIS 2017 Student Diversity Leadership Conference. Before signing this permission form, I had the opportunity to satisfy myself as to adequacy and safety of the arrangements for the Student Diversity Leadership Conference. I am familiar with the mental and physical health of my child/ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child to participate is based upon my belief that she/he has the maturity and self confidence to be able to respond appropriately to the challenges which he/she will encounter during the Student Diversity Leadership Conference, as they have been described in the printed materials which I have been given.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PRINT FULL NAME OF PARENT/GUARDIAN _____

2. PARENTAL RISK SHARING AND INDEMNIFICATION AGREEMENT

I recognize that there are risks to my child's person and property involved in air travel, surface transport and in staying in a hotel in an unfamiliar urban center. I also understand that NAIS could not afford to offer the 2017 Student Diversity Leadership Conference if it was required to bear the sole financial responsibility for those risks. Therefore, in order to induce NAIS to make the 2017 Student Diversity Leadership Conference Program available to my child/ward, I agree to share the risk of loss arising from injury to my child/ward and/or her/his property with NAIS by entering into this indemnification agreement in which I accept responsibility for all losses, except those caused exclusively by the negligence of NAIS and/or its agents.

I have reviewed the plans for the Student Diversity Leadership Conference and recognize that use of regularly scheduled airlines or other vehicles to provide transportation between our home and Anaheim involves risks to person and property, which may include serious injury and death, and I agree to accept those risks. From my review of the plans for the 2017 Student Diversity Leadership Conference, I am aware that my child/ward will also be exposed to the risks of surface travel in cars, taxis, and buses while participating in conference activities, including volunteer activities and I accept the responsibility for those risks. I have reviewed the arrangements for the Student Diversity Leadership Conference and understand that my child will be staying in a hotel in Anaheim with other students and their chaperones; and I accept the risk that injury may occur to my child while staying in Anaheim. I have also reviewed the description of the day-to-day activities which will take place during the Student Diversity Leadership Conference and recognize that attending conference sessions and community service in Anaheim and its surroundings will expose my child/ward to the risks inherent in those activities, and I am willing to accept responsibility for those risks.

On the basis of my review of the plans for the NAIS 2017 Student Diversity Leadership Conference, and to induce NAIS to allow my child/ward to participate

in the Student Diversity Leadership Conference, I, in my capacity as parent/ward of _____ (please print the student's name), and for myself and my heirs, successors and assigns, agree to indemnify NAIS and its trustees, officers, employees and agents (the "Indemnittees") for any sums of money for which the Indemnittees may become liable as a result of any claim, suit or cause of action which I or my heirs, legal representatives, successors and assigns or my child/ward may have, now or in the future, arising out of my child/ward's participation in the NAIS 2017 Student Diversity Leadership Conference, unless the claim, suit or cause of action arises solely and exclusively from the negligence of the indemnittees, which I have not waived or released by signing this form.

I have read all of this Parental Risk Sharing and Indemnification Agreement, and I have satisfied myself that I understand what it means.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PRINT FULL NAME OF PARENT/GUARDIAN _____

3. MEDICAL TREATMENT AUTHORIZATION

As the parent/guardian of _____ (please print the student's name), a student participating in the NAIS 2017 Student Diversity Leadership Conference, I authorize physicians and/or other medical personnel, at the direction of NAIS or my child's chaperone to provide medical care to my child/ward while he/she is away from home and participating in the Student Diversity Leadership Conference, including examining, treating and prescribing medications for her/his care. I understand that NAIS and/or the chaperone will, to the greatest extent possible, consult with me concerning the reasons for and effects of all such care. Recognizing that it may be impossible to reach me in situations in which the physicians treating my child/ward believe that beginning treatment is medically necessary, I authorize NAIS or the chaperone to permit commencement of treatment when, in the professional judgment of the physicians or medical personnel involved, such treatment is medically necessary, even if I/we have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician or surgeon that the treatment or examination rendered was medically necessary to protect the life, health or mental well-being of my child/ward. I give this authorization on the condition that the treating physician will attempt to contact me, if at all possible, before the treatment or examination is rendered.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PRINT FULL NAME OF PARENT/GUARDIAN _____

My child/ward is entitled to medical insurance benefits under our policy with _____ (please print the name of your medical insurer/HMO.) Our policy is number _____ (please provide the number of the medical insurance policy number.)

IN CASE OF EMERGENCY, I CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS:

DAYTIME TEL. _____

CELL PHONE _____

NIGHT TIME TEL. _____

SECONDARY EMERGENCY CONTACT _____

PHONE NUMBER _____

PRINT NAME AND RELATIONSHIP _____

SDLC STUDENT PARTICIPATION FORM

SCHOOL FACULTY: Please give one copy of this form to each student you are registering and ask them to return it to you. You will need to have and enter all the information listed below to successfully register your students. However, you do NOT need to upload this form when you register your students.

YOUR NAME (PRINT)

EMAIL ADDRESS (WILL NOT BE PUBLISHED)

CURRENT GRADE

In the fall of 2017, I will be in the 9th 10th 11th 12th grade.

NUMBER OF TIMES YOU'VE ATTENDED SDLC

This will be my First Second Third Fourth **SDLC**

AFFINITY GROUP

The Affinity Group Work is critical to the success of PoCC/SDLC. While certainly optional, to plan for and comfortably accommodate these groups, it is important that each participant indicates the affinity group with which they identify.

- Black, African Heritage
- Asian, Asian Pacific Islander Heritage
- First Nations Heritage
- Greater Middle Eastern Heritage
- International
- Latinx Heritage
- Multiracial Heritage
- Transracially Adopted
- White, European Heritage
- Other

GENDER IDENTITY

Man/Male Woman/Female Transgender Male Transgender Female Other Gender Not Specified

PREFERRED GENDER PRONOUNS (SHE/HER, HE/HIS, THEY/THEIR, ETC.)

T-SHIRT SIZE

Choose between XS S M L XL 2XL 3XL 4XL

STUDENT DIVERSITY LEADERSHIP CONFERENCE

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