

JUNIOR STATESMAN of AMERICA CLUB

South Brunswick High School

750 Ridge Road Monmouth Junction, New Jersey 08852 732-329-4044 ◊ Fax 732-438-0074

October 1, 2014

Dear Parents/ Guardian,

This letter is to give you information about JSA's first regional conference for the school year, **Fall State 2014***. The trip is scheduled for **Saturday thru Sunday**, **November 22-23**, and the conference will take place at the Renaissance Woodbridge Hotel in Woodbridge, New Jersey.

This year, the total cost of the conference is **\$130.00**. Please make your check payable to: **JSA—SBHS**; be sure to put your <u>child's name on the memo line</u> of your check. This cost covers hotel accommodation, educational activities, and club expenses.

Students are to be dropped off at the hotel on Saturday at approximately 8:00 am, and to be picked up on Sunday at approximately 4:00 pm. Below you will find our contact information while we are in Woodbridge. Students are **NOT** allowed to drive themselves to the hotel as per JSA and school policy.

Conference contact information:

Hotel name:	Renaissance Woodbridge Hotel				
Address:	515 US Hwy 1 South, Iselin, NJ 08830 -				
Phone number:	732-634-3600				

Please remind your child to bring money for his/her meals; the conference fees do not include the cost of food. If you have questions please feel free to reach out to either one of us, our contact information is below.

Thank you for your support.

Sincerely,

Ms. Keisha Thom, JSA Advisor keisha.spencer@sbschools.org (732) 501-4118 mobile phone Ms. Asmaa (Jessie) Kabel, JSA Co-Advisor asmaa.kabel@sbschools.org 732-713-3311 mobile phone

*This trip is currently pending board approval.

The Junior State of America PARENTAL PERMISSION FORM Fall State 2014 – Renaissance Woodbridge Hotel – November 22-23, 2014

Parents: Please read this information carefully and review it with your child before signing.

Your child should have a very exciting educational experience at the upcoming Junior State event. He or she will have an opportunity to debate current issues. We hope you have read the convention brochure, which lists the topics to be discussed. In advance of the event, your child should do some special reading to prepare for these debates and other educational activities.

Once the event registration fee has been paid, we are not able to make any refunds. This policy is necessary because we have to make payments and guarantees many weeks in advance of the event. We encourage paid delegates who find themselves unable to attend to find another student from their school to go in their place and have the new delegate reimburse them for the registration fee.

Please review the convention rules with your son or daughter. By sending your child to the convention, you agree to pick him or her up if these rules are violated. Rule violators are sent home and are reported to their school for appropriate disciplinary action. If you have any questions about the rules, travel arrangements, or the educational program, please call The Junior State office at (800) 334-5353.

CONVENTION RULES

All rules for school field trips prevail. Use of illegal drugs or alcohol is not permitted. Students also will be punished if they are in a room where drugs or alcohol are present. The use of tobacco products is not allowed. To ensure these rules are obeyed, the Teacher/Advisor and The Junior Statesmen Foundation must approve the attendance of each delegate. We reserve the right to deny any student the privilege of attending the event.
 At 8 p.m., students will meet with their Teacher/Advisor for roll call and may not leave the hotel thereafter. At curfew, Teacher/Advisors will check delegates at their rooms. Delegates must remain quietly in their own rooms after curfew. Pizza deliveries and room service deliveries are not permitted

after curfew. Delegates also are required to meet with the Teacher/Advisor at other designated times. 3. Delegates **must** attend all conference activities.

4. At no time may young men and women be in each others' rooms.

5. Delegates may not leave the convention hotel without the permission of their Teacher/Advisor. During meal times, with their Teacher/Advisor's permission, delegates may leave the hotel to eat in designated areas. Under no circumstances are delegates to leave the hotel after 8:00 p.m. 6. Delegates must wear their name tags above the waist in a visible location at all times.

7. All students assigned to a room are responsible for any charges made to the room. All students assigned to a room are also responsible for the condition of the room. No outside phone calls can be made from student hotel rooms. Room service and other items may not be charged to a students' room. No delegate may change rooms without the permission of The Junior Statesmen staff members at the event. The hotel staff will house four students in each room with two large double beds.

8. No student may drive a car to the convention or ride in a student driven car during the convention.

9. Visitors are not allowed in the convention hotel. Delegates are not allowed to associate with any visitor who is not an official guest of the Junior Statesmen program.

Students are expected to dress appropriately. Delegates should respect the rights of other hotel guests and not do anything to damage the reputation of the Junior Statesmen program. Students must not open or throw anything out of windows. Students must stay off balconies.
 Students should not bring expensive items to the convention. Valuable items must be stored in the hotel safe or with the bellmen. The Junior State/The Junior Statesmen Foundation are not responsible for items stored in a luggage storage area. No large radios or portable stereos are allowed.
 Delegates or delegations that are sent home for conduct problems will not receive a refund.

13. Delegates and their parents agree that The Junior State may use any photographs or video taken during the convention for promotional purposes.

I agree to abide by all of the Junior State convention rules under the terms described on this permission form. I understand that in the event of a serious violation of the rules, my parents and my school will be notified, and I may be sent home at my own expense without a refund.

Χ				
Student Signature	Print Name		Date	
I agree to the terms described on this permission under those terms. The Junior Statesmen Foun at my expense.				
x				
X Signature of Parent or Guardian	Print Name		Date	
EVENT: Mid-Atlantic Fall State 2014	нідн school: <u>South Brunswick High School</u>			
STUDENT NAME			SEX: MALE FEMALE (circle one)	
ADDRESS				
СІТҮ	STATE	ZIP	YEAR OF GRADUATION	
HOME TELEPHONE	PARENT C	ELLPHONE #		
STUDENT EMAIL				
EMERGENCY PHONE #				

South Brunswick High School Overnight School Activities Medical Permission and Health Form gw3/09

Completed forms must Consult with nurse as s Additional trip informa	soon as possible on all tr ation and/or a "Field Tri	weeks prior to trip. All forms ips of extended duration or du p Permission Form" should a e cards with you on the trip in	istance. accompany this form.		
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-	с .	hild, answer the information being T is D (c).	1 1		
		Trip Date(s) No	veriliber 22-23, 2014		
	e to Trip Coordinator				
	Student Name				
		Date of Birth			
Home Phone		Cell Phone			
Second Contact Name		Home Phone	Cell Phone		
Student's Physician	tudent's Physician				
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ADDITIONAL INFORMATION

- 1 Are there any restrictions in your child's physical activity? Explain
- Does your child have a seizure disorder? Date of last seizure ______
 What kind? ______

How often do seizures occur?

Treatment

- 3 Does your child have any allergies (plant, animal, food or medication) or dietary restrictions? Explain and identify any treatment required
- 4 Are there any conditions which may need consideration such as chronic physical conditions, particular fears, sleepwalking, motion sickness, etc? In order to keep your child safe and protect him/her from embarrassment, please contact the School Nurse for management plans.
- 5. Please list any serious illness, injury or surgery your student has had in the past 3 years:

6. Date of Last DT Booster _____

7. Additional Remarks or Instructions:

▶ ▶ YOU MUST ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD TO THIS FORM.

- I hereby give permission for school district staff to transport my child to or from a doctor and/or hospital for emergency treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment.
- I understand that if there is a pool on premises, child must abide by hotel/lodging rules and regulations regarding the use of the pool and surrounding area and that these pools are not likely to have a lifeguard on duty. I understand that the use of the pool is at my child's own risk.
- o I understand that all school rules apply during this trip/activity.

Parent/Guardian Signature	Date
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VOU MUST ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD TO THIS FORM. Revised GW 2/09