**MIDDLE SCHOOL MODEL UNITED NATIONS**

**STUDENT REGISTRATION FORM**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This will be my 1st 2nd 3rd year at the Middle School Model United Nations

Parent/Guardian Name:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work Phone:

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:

In case of emergency, contact:

Friend, Neighbor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

I have consented to my child attending the YMCA Youth in Government Middle School Model United Nations Conference, and realize that my child may need medical treatment while at this Conference. I hereby grant permission to any doctor or health care facility to take any actions deemed necessary to protect the health and well-being of my child. This permission includes, but is not limited to, surgery and blood transfusions. I further agree that I will be responsible for payment for the services rendered, and I hereby agree to indemnify the YMCA and any of its employees for any expenses for caring for my child. I recognize that the YMCA is not responsible for any medical decisions made by medical personnel, and I agree to hold the YMCA harmless for any actions taken by medical personnel.

List any medications your child is taking:

List any allergies your child has:

List any conditions that may limit your child’s participation in this conference:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other concerns or information we may need:

Please check any of the following medications you allow YMCA staff to administer to your child:

( ) Tylenol ( ) Benedryl ( ) Pepto Bismol

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**I hereby give my permission for any photographs, video or other likeness of my child taken in conjunction with this conference to be used by the YMCA in any promotional or advertising materials.**

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Parent/Guardian Signature Date

**DELEGATE CODE OF CONDUCT**

**1st**

**Degree**

**Offenses**

**2nd**

**Degree**

**Offenses**

**3rd**

**Degree**

**Offenses**

1. Possession of drugs, alcohol, or tobacco

2. Sex or inappropriate sexual activity

3. Violence

4. Stealing

5. Outside room after curfew

6. Riding in/driving any vehicle during conference except during approved travel and accompanied by advisor or YMCA staff

7. Violence

8. Any type of disruptive behavior in state buildings

9. Possession of weapons or firearms

**Violation of these rules will result in the delegate being sent home.**

1. Outside assigned room after curfew

2. Male in female room, female in male room, at any time

3. Non-participation/failure to attend scheduled activities

4. Failure to wear name badge at all times when outside hotel room

5. Badge-switching

6. Failure to respond appropriately to Resource Staff, Advisor, or state employees’ requests or directions

**The State Director and Advisor will confer to determine punishment if delegate violates these rules, which include being sent home.**

1. Disrespectful/inappropriate behavior

2. Horseplay/roughhousing

3. Excessive noise in hotels

**The delegate is given a warning; after second warning, the delegate is sent home.**

**I have read and understand the Code of Conduct; I realize I am responsible for the immediate removal of my child from any conference or function if he or she violates the Code of Conduct.**

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Parent/Guardian Signature Date

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Student Signature Date

**Refund Policy**

**The refund policy for the SC YMCA Youth In Government Model United Nations Conference is as follows:**

1. $75 of fees are refundable if request is made prior to **March 28**.
2. Students who are unable to attend the Conference may find a substitute if this is acceptable to the school and advisors. Payment arrangements should be made between the original delegate and the substitute.

I have read and understand the Refund Policy.

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Parent/Guardian Signature Date