

# WJCL State Convention Registration

Circle one: Delegate Sponsor Chaperone

Student name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Level of Latin: 1 2 3 4(non-AP) 4(AP) 5 6

School: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Number of Previous Conventions Attended: State \_\_\_\_\_ Nationals \_\_\_\_\_

Please check with your sponsor for information about contests, study guides, rules, meals, transportation, or any other questions.

Fees: Please check appropriate category and include check made out to your school  
(Incomplete, illegible, or unpaid applications will not be accepted)

\_\_\_\_\_ \$275 delegate – 3 days – all events, 2 nights hotel, 2 breakfasts, banquet  
\*Dinner on Thursday and Lunch on Friday not included

\_\_\_\_\_ \$125 delegate with scholarship application

\_\_\_\_\_ \$125 sponsor single room / chaperone double room

\_\_\_\_\_ \$160 chaperone single room

Signature sheets must be CAREFULLY READ, signed, and submitted with this application.

# WJCL Convention Code of Conduct

**Student:** I wish to participate in the WJCL Convention. I have discussed the Convention Policies with my Sponsor and Parents/Guardian. I agree to abide by all the rules of the Wisconsin Junior Classical League, The Park Hotel, Monona Terrace, and my school. I realize that infractions of the rules may result in my being disciplined by my chaperones and/or officials of the WJCL, being sent home at my parents' expense, and/or denial of my participation in WJCL events. I am a registered member of my local, state, and national JCL.

**Parent/Guardian:** I give my permission for my child to participate in the events of the WJCL Convention in Madison, WI. I have examined the Convention Policies and Rules, and I

realize that my child may be sent home at my expense for failure to abide by these regulations. If my daughter cannot attend Convention for any reason after either the first or second payment installations, I will not be refunded. My signature relieves the Wisconsin Junior Classical League and their officials, Monona Terrace, and the Park Hotel of all liabilities. I also authorize WJCL officials to obtain any medical treatment deemed necessary for my child.

**Sponsor:** I endorse the participation of the above student in the WJCL convention. I have discussed Convention Policies and Rules with my students and agree to enforce all rules of the WJCL, hotel, and my school. I have checked the student's registration for accuracy (especially level of Latin and grade). I will provide proper chaperones for my students and will lead my delegation at the convention. I am a registered member of ACL and have registered my chapter with my state and NJCL. The above student is registered as a member of NJCL, state, and local chapter.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WJCL Convention Health Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Health Insurance—Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name and Address of Physician: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Night Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies and/or Medical Problems:

Has the delegate received all immunizations as required for school attendance?  
(please circle)

Yes No

Please comment on previous serious injuries, illnesses, and hospitalizations:

Name of Policy Holder: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Address of Policy Holder: \_\_\_\_\_

Medications delegate is taking:

Dosages and Instructions:

In the event of an emergency, every attempt will be made to contact the parent, guardian, or emergency contact.