

# 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)

\_\_\_\_\_ \$220 delegate – 3 days – all events, 2 nights hotel, 2 breakfasts, banquet  
\*Dinner on Thursday and Lunch on Friday not included

\_\_\_\_\_ \$25 delegate with scholarship application

\_\_\_\_\_ \$110 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 installments, 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 of Policy Holder: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

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

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

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

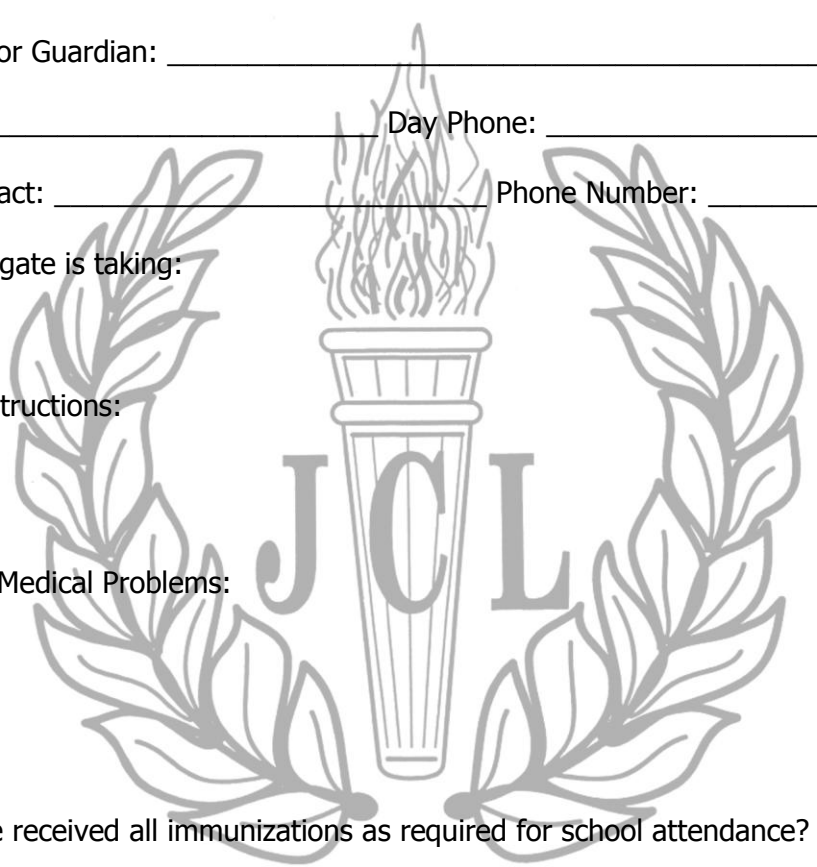
Night Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

Medications delegate is taking:

Dosages and Instructions:

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:

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

# COVID-19 Safety Acknowledgment

## COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the Wisconsin Junior Classical League (“WJCL”), consistent with CDC guidelines, participants are encouraged to practice hand hygiene and “social distancing” to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, the WJCL has put in place preventative measures to reduce the spread of COVID-19. However, the WJCL cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in WJCL events. By attending a WJCL event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among [others](#);
2. Individuals who have traveled at any point in the past fourteen (14) days internationally; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

## DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact their school’s sponsor (Latin teacher) if he/she experiences symptoms of COVID-19 within 14 days after participating in WJCL events.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that my child derives personal satisfaction and a benefit by virtue of my participation in the WJCL, and I allow my child to willingly engage in WJCL events (the "Activity").

**RELEASE AND WAIVER.**

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE WISCONSIN JUNIOR CLASSICAL LEAGUE AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, PARTNERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_