



Mu Alpha Theta  
National Convention 2010

# Forms to be mailed

<b>Form</b>	<b>Postmark Deadline</b>	<b>Page</b>
Early Bird Registration	April 1, 2010	1
Final Registration	May 15, 2010	2
Student Participation Policies	June 1, 2010	3
Student Medical Release	June 1, 2010	4
Video/Photo/Media Release		
Sponsor/Chaperone/Guest Medical Release	June 1, 2010	5
Video/Photo/Media Release		
Transfer of Sponsorship	June 1, 2010	6
Registration for Chapter Delegate	June 1, 2010	7



Mu Alpha Theta  
National Convention 2010

## Mu Alpha Theta National Convention 2010

# EARLY BIRD REGISTRATION

### Postmark Deadline: April 1, 2010

Payment must accompany early bird registration form.  
Please print information clearly.

School Name \_\_\_\_\_ Chapter ID \_\_\_\_\_

School Address \_\_\_\_\_

Contact person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Important information will be emailed after school is out. Please include names and email addresses of all sponsors attending the convention.

Sponsor name(s) and email address(es).

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

Name and summer address of contact person

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

For early bird registration, a total of \$50 per person must be submitted postmarked no later than April 1, 2010. The remainder of the registration fee, \$575 is to be paid by the final postmark deadline of May 15, 2010. If desired, students and sponsors may submit the entire cost of \$625 by the April 1, deadline. Early registration will not be refunded in any manner if the number of students pre-registered is greater than the number attending the convention. After April 1, but before May 15, the convention registration fee will be \$675 per person.

Number of students pre-registering: \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

All students must be registered full or associate members of Mu Alpha Theta.

Number of sponsors pre-registering: \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

Number of pre-registrants paying in full: \_\_\_\_\_ x \$ 625 = \_\_\_\_\_

Names and number of sponsors in single rooms: \_\_\_\_\_

\_\_\_\_\_ x \$ 530 = \_\_\_\_\_

Make check payable to:  
**Mu Alpha Theta Educational Foundation**  
Please note: **2010 Convention**  
Mail to:  
**Mu Alpha Theta Convention**  
**C/o University of Oklahoma**  
**601 Elm Ave. Rm 1102**  
**Norman, OK 73019**

Total paid \_\_\_\_\_

**NOTE: If the National Office is paying for a member of your group, please add a note specifying the name of the student or teacher.**



Mu Alpha Theta  
National Convention 2010

## Mu Alpha Theta National Convention 2010

# REGISTRATION FORM

### Postmark Deadline: May 15, 2010 (FINAL)

**Payment must accompany registration form.**

Please print information clearly.

School Name \_\_\_\_\_ Chapter ID \_\_\_\_\_

School Address \_\_\_\_\_

Contact person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Important information will be emailed after school is out. Please include names and email addresses of all sponsors attending the convention.**

Sponsor name(s) and email address(es)

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

Name and summer address of contact person

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Number of students pre-registered: \_\_\_\_\_ x \$ 575 = \_\_\_\_\_

All students must be registered Full or Associate members of Mu Alpha Theta.

Number of sponsors pre-registered: \_\_\_\_\_ x \$ 575 = \_\_\_\_\_

Number of non pre-registered registrants: \_\_\_\_\_ x \$ 675 = \_\_\_\_\_

Name and Number of sponsors in single rooms: \_\_\_\_\_ x \$ 530 = \_\_\_\_\_

Make check payable to:  
**Mu Alpha Theta Educational  
Foundation**

Please note:  
**2010 Convention**

Mail to:  
**Mu Alpha Theta Convention  
C/o University of Oklahoma  
601 Elm Ave. Rm 1102  
Norman, OK 73019**

**Total due** \_\_\_\_\_

**Schools must submit a medical release form, medical record, indemnity agreement, and a student participation policies form for every participant. These forms are included in this packet. Please copy as many as your school needs. Postmark deadline: June 1, 2010. Mail these forms to:**

**Brandi Williams Hillard  
1315 SW 20th Ct.  
Vero Beach, FL 32962.**

Participant's printed name

School



## Student Participation Policies

### Postmark Deadline June 1

Please read the following and indicate your acceptance by your signature(s) where applicable.

NOTE: NO STUDENT WILL BE GRANTED ACCEPTANCE TO THE NATIONAL CONVENTION WITHOUT THIS FORM ON FILE.

#### **Rules of Conduct**

- Participant agrees to conduct himself/herself in a manner appropriate for a member of an honor society.
- Participant agrees to join all scheduled activities, to keep his/her sponsor informed of whereabouts before leaving the group/housing during unscheduled times, and when permission is given to leave the group, to travel in groups of two or more.
- Participant agrees not to visit the rooms of the opposite sex. No visits are allowed after curfew.
- Participant agrees not to bring with him/her or to acquire during the trip, drugs of any kind including alcohol or smoking materials.
- Participant agrees to permit the sponsor to keep any prescription medicines during the trip.
- In matters of dress and deportment, participant agrees to follow the suggestions of the convention host, Governing Council, and school sponsor.
- Participant agrees to adhere to curfew as determined by the convention host and to permit occasional room and baggage checks during the trip.
- Participants agrees that failure to follow any of these rules may result in confinement to housing assignment and/or in the return home of the participant (on the first available flight) at participant's own expense, or, if a minor, at the expense of the parent or legal guardian of participant, and without benefit of any refund.

Participant's signature

Date

Parent/Guardian's signature

Date

Sponsor's signature

Date

#### **Release and Indemnity Agreement**

The undersigned participant, and his/her parents or legal guardians of the participant who is a minor, in consideration of being permitted to attend the Mu Alpha Theta National Convention, and for other good and valuable consideration do hereby release, waive and discharge Mu Alpha Theta, its Governing Council and convention committee from all manner of action, causes of action, suits, damages, judgments, or claims for personal injury or death or loss of personal property, and any loss, damage, expense or cost including any lodging, meals, ground or air travel which may be incurred by either the undersigned participant or the undersigned parents or legal guardians of such participant, arising out of any participation in the national convention.

The undersigned participant and his/her parents or legal guardians agree to indemnify Mu Alpha Theta, its Governing Council and convention committee for any financial liability or damages incurred which were caused in whole or in part, by the negligence of intention act of the participant while attending the national convention.

Participant signature and date

Parent/legal guardian signature and date

**Postmark deadline June 1** *This form must be notarized and copy of insurance card must be attached, if you have insurance.*

NOTE: NO **STUDENT** WILL BE GRANTED ACCEPTANCE TO THE NATIONAL CONVENTION WITHOUT THIS SIGNED FORM ON FILE.

I, \_\_\_\_\_, as legal guardian of \_\_\_\_\_  
or I, \_\_\_\_\_, authorize representatives from the school, officers of Mu Alpha Theta  
sponsor or adult

and members of the convention staff, to initiate such first aid and other medical treatment (including hospitalization) as deemed necessary to protect the health and safety of participant while in attendance at and traveling to/from the convention. I understand that such treatment may include obtaining the services of health care providers. I acknowledge financial responsibility for such care not covered by the following medical insurance:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber: \_\_\_\_\_ Legal Guardian's Signature \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

(NOTARY SEAL)

**Include a copy of both sides of your insurance card(s).**

ALL PRESCRIPTION MEDICATIONS (with the exception of items such as inhalers) must be left in the possession of the sponsor or an adult. Please indicate the name of the prescription medication and the dosage. Also include other medical conditions, including allergies, the convention staff and sponsors should be aware of:

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

\*\*\*\*\*

**Video/Photo/Media Release Form**

Mu Alpha Theta may be videotaping/photographing students during the convention as well as writing articles about the convention that may appear online at the Mu Alpha Theta website. I agree to allow my child or myself, \_\_\_\_\_, to be part of the videotaping, photography, and/or media. I further release Mu Alpha Theta for any liability from this endeavor.

\_\_\_\_\_  
Legal Guardian's Signature \_\_\_\_\_ Date

**Postmark deadline June 1** *This form must be notarized and copy of insurance card must be attached, if you have insurance.*

**No SPONSOR or CHAPERONE or GUEST WILL BE GRANTED ACCEPTANCE TO THE NATIONAL CONVENTION WITHOUT THIS SIGNED FORM ON FILE.**

I, \_\_\_\_\_, as sponsor or guest of \_\_\_\_\_ authorize representatives from the school, officers of Mu Alpha Theta and members of the convention staff, to initiate such first aid and other medical treatment (including hospitalization) as deemed necessary to protect the health and safety of participant while in attendance at and traveling to/from the convention. I understand that such treatment may include obtaining the services of health care providers. I acknowledge financial responsibility for such care not covered by the following medical insurance:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber: \_\_\_\_\_ Sponsor or Guest Signature \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary Public

(NOTARY SEAL)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**Include a copy of both sides of your insurance card.**

Also include other medical conditions, including allergies, the convention staff should be aware of:

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

\*\*\*\*\*

**Video/Photo/Media Release Form**

Mu Alpha Theta may be videotaping/photographing sponsors or guests during the convention as well as writing articles about the convention that may appear online at the Mu Alpha Theta website. I agree to allow myself, \_\_\_\_\_, to be part of the videotaping, photography, and/or media. I further release Mu Alpha Theta for any liability from this endeavor.

\_\_\_\_\_  
Sponsor or Guest Signature Date

**MU ALPHA THETA NATIONAL CONVENTION 2010  
TRANSFER OF SPONSORSHIP FORM**

**Home School Information**

Name of School \_\_\_\_\_

Name of Principal \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Please list all other adults affiliated with the home school that will be attending at the bottom of this page.

**Receiving Sponsor Information**

Sponsor's Name \_\_\_\_\_ Chapter ID No. \_\_\_\_\_

Name of School \_\_\_\_\_

MA $\theta$ 's policy states that every student that competes or attends a MA $\theta$  sanctioned event must have a school sponsor that is either a teacher or administrator at that school with them at that event. The home school named above is transferring sponsorship responsibilities for the National Mu Alpha Theta Convention to the receiving sponsor identified above. This allows the stated home school's students to participate at the national convention. The receiving sponsor assumes the responsibility of acting as sponsor for the home school student(s) for the entire convention. This is not a transfer of liability.

\_\_\_\_\_  
Home School Principal signature

\_\_\_\_\_  
Home School MA $\theta$  Sponsor signature

\_\_\_\_\_  
Receiving School Principal signature

\_\_\_\_\_  
Receiving School Sponsor signature

List of Adults from Home School (*please print*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Registration for Chapter Delegate for the Mu Alpha Theta Student Assembly

\_\_\_\_\_ is the official delegate  
for the \_\_\_\_\_ chapter of  
Mu Alpha Theta in \_\_\_\_\_  
City State

Permission to run for \*Regional Representative:

This student has my permission to run for the office of Regional Representative which, if elected, would become one of the National Student Officers. This student will then be required to attend the National Convention the following summer and will have their registration fees paid by the National Office of Mu Alpha Theta. In agreeing to have your student run as a Regional Representative, you are also agreeing that your school will bring or make arrangements for this student to attend the convention next summer.

Yes or No (circle one)

\_\_\_\_\_ Sponsor

\_\_\_\_\_ Date

\*For the duties of a Student Delegate, Regional Representative and National Student Officer, read the Student Delegate By-Laws online at [mualphatheta.org](http://mualphatheta.org).