

# NJ SkillsUSA

## ADVISOR STATEMENT OF ASSURANCES

Name:	Chapter:
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*SkillsUSA requires all local advisors and/or chaperones attending the State Conference to read and initial the following important items.*

\_\_\_\_\_ Advisors are responsible for having each competitor turn in the STUDENT CONDUCT form.

\_\_\_\_\_ Advisors are responsible for knowing the whereabouts of all their students at all times.

\_\_\_\_\_ Advisors must have a list of their students' cell phone numbers and home telephone numbers.

\_\_\_\_\_ Advisors are expected to conduct room checks and enforce curfews.

\_\_\_\_\_ Advisors are expected to enforce the rules that prohibit alcoholic beverages and smoking.

\_\_\_\_\_ Advisors are expected to enforce the rule that requires ID badges to be worn at all times.

\_\_\_\_\_ Advisors are expected to submit names of students who opted out of the media release policy.

*"I understand the STATEMENT OF ASSURANCES and agree to comply."*

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of emergency, the following local chapter administrators should be contacted:**

(1st Contact)	(2nd Contact)
Name	Name
Title	Title
School Phone #:	School Phone #:
Cell phone #:	Cell phone #:

Please return completed form by March 01  
 Mail: NJ SkillsUSA, PO Box 6350, Bridgewater, NJ 08807  
 Email: [srick@scvts.net](mailto:srick@scvts.net)