

NJ SkillsUSA

ADVISOR/CHAPERONE STATEMENT OF ASSURANCES

Name:	Chapter:
-------	----------

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, drug use, 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 EMAIL or MAIL back the completed form by March 01, 2023
 Mail: NJ SkillsUSA, PO Box 6350, Bridgewater, NJ 08807
 Email: cnemerofsky@scvts.net