

NJ SkillsUSA ADVISOR/CHAPERONE STATEMENT OF ASSURANCES

Name:	School:
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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, 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 _____ Cell # _____

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, 2024

Mail: NJ SkillsUSA, PO Box 6350, Bridgewater, NJ 08807

Email: cnemerofsky@scvts.net