**2020 Key Club DCON *STUDENT* Registration Form NEBRASKA-IOWA KEY CLUB DISTRICT**

The Graduate Lincoln Hotel 141 N 9th St. Lincoln, NE 68508 **March 20-22, 2020**

(Please Print Legibly)

Name Male/Female Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Club/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt size: S M L XL 2XL

I want to share a room with:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Package - includes two-night hotel stay: Friday Social, Saturday Breakfast, Lunch, and Governor’s Ball; Sunday Brunch, DCON shirt and pin; and all convention activities. If you request to be 4 in a room – the charge will be = $209 If you request to be 3 in a room – the charge will be = $229 If you request to be 2 in a room – the charge will be = $275 If you request to be in a room alone – the charge will be = $415

2019-2020 Key Club officer position (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2020-2021 Key Club officer position (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grade are you in this year? 9 10 11 12

Do you require a vegetarian meal? Yes/No List any food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL $ INCLUDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrations must be postmarked by **Saturday, February 22, 2020,** and include payment in full. A registration form is needed for each person (including adults). Refunds can’t be guaranteed after February 22, 2020. A partial refund may be available until March 13, 2020, at the discretion of the District.

All Key Clubbers must include:

1. Registration form 2. Signed Code of Conduct form 3. Medical form 4. Check payable to “Nebraska-Iowa Key Club”

Mail forms and check to: **Lisa Brichacek Nebraska-Iowa Key Club 1676 N Laurel Wahoo, NE 68066**

If you have any questions, please contact Cara Houk at 402-802-0203 (call or text) or nebriowadatwo@gmial.com

**2020 Key Club DCON *ADULT* Registration Form NEBRASKA-IOWA KEY CLUB DISTRICT**

The Graduate Lincoln Hotel 141 N 9th St. Lincoln, NE 68508 **March 20-22, 2020**

(Please Print Legibly)

Name Male/Female Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Club/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt size: S M L XL 2XL

Do you require a vegetarian meal? Yes/No List any food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CHAPERONES: (Every school sending three or more students must have at least one chaperone that attends the entire event and stays at the hotel.)** Total Package - includes two-night hotel stay: Friday Social, Saturday Breakfast, Lunch, and Governor’s Ball; Sunday Brunch, DCON shirt and pin; and all convention activities. If you request to be 2 in a room\* – the charge will be = $275 *\*Chaperones must provide their own roommate. This rate is not offered unless a roommate is stated. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* If you request to be in a room alone – the charge will be = $415

**FOR SPECIAL GUESTS AND VISITORS:** I would like to attend the following events (please mark which events you plan to attend):

6:30 p.m. Friday Dinner ($36) \_\_\_\_\_\_\_\_\_\_ 8 a.m. Saturday Breakfast ($20) \_\_\_\_\_\_\_\_\_\_ 12 p.m. Saturday Lunch ($24) \_\_\_\_\_\_\_\_\_\_ 6 p.m. Saturday Awards Banquet ($36) \_\_\_\_\_\_\_\_\_\_ 9 a.m. Sunday Farewell Brunch ($20) \_\_\_\_\_\_\_\_\_\_ Key Club Convention Shirt ($12) \_\_\_\_\_\_\_\_\_\_ Saturday ONLY Convention Package ($84) \_\_\_\_\_\_\_\_\_\_ (no hotel stay)

Adult Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL $ INCLUDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrations including a hotel stay must be postmarked by **Saturday, February 22, 2020,** & include payment in full. Registrations for meals only must be postmarked by **Wednesday, March 4, 2020,** & include payment in full.

Mail forms and check payable to “Nebraska-Iowa Key Club” to: **Lisa Brichacek Nebraska-Iowa Key Club 1676 N Laurel Wahoo, NE 68066**

If you have any questions, please contact Cara Houk at 402-802-0203 (call or text) or nebriowadatwo@gmial.com

**2020 Key Club DCON Medical Form**

**Emergency Medical Treatment/Transportation Authorization**

**Please type or print all information.** This form is required for all members of the Nebraska-Iowa Key Club District attending the 2012 Key Club District Convention. The parent, legal guardian, or person in loco parentis for the member must complete this form.

**Key Club Member Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last **Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City State Zip Code **Gender:** Female/Male **Height** \_\_\_\_\_\_\_ **Birth Date** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Emergency information**

In case of emergency, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information**

Health insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group name on insurance coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number or other contact information shown on insurance card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this Key Club member take any prescription medication or over-the-counter drugs of any kind? Yes No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he/she ever been or currently being treated for (circle Yes or No)?

Nervousness? Yes No Rheumatic fever? Yes No Asthma? Yes No Convulsion or epilepsy? Yes No Cancer or tumors? Yes No Diabetes? Yes No Heart condition? Yes No Headaches? Yes No Allergies to medication? Yes No High blood pressure? Yes No Fainting spells? Yes No List any allergies or other medical conditions of which we should be aware. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent or legal guardian for the above-named Key Club member, and give my permission for him/her to attend events, and conventions sponsored by the Nebraska-Iowa Key Club District. I hereby certify that the information provided above is correct. In the case of a medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician *or other licensed medical providers,* to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and my minor, I hereby RELEASE, WAIVE AND FOREVER DISCHARGE the Nebraska-Iowa Key Club District, Key Club International and Kiwanis International and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the Nebraska-Iowa Key Club District, Key Club International and/or Kiwanis International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

I understand at this event, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose is the event holders, producers, sponsors and/or organizers without compensation or notice to me. I agree to adhere to the code of conduct.

**I understand this Key Clubber will be directly chaperoned by a designated school chaperone and the adult staff of the Nebraska-Iowa Key Club District Board once they arrive on-site for this district event. I also understand that it is my responsibility to see that this student has viable transportation to and from the district convention and that this liability is covered by me and/or my child’s school.**

**Parent or guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**2020 Key Club DCON Code of Conduct**

**Key Club members, adult advisors, and invited guests are expected to demonstrate behavior consistent with the high ideals of Key Club and should abide by the provisions of this Code while in attendance at any Key Club International and District event. Every member will respect the authority of the Sergeant-at-Arms Committee, Key Club administrators and designated staff.**

**Responsible Behavior**

1. All participants are expected to abide by all government laws and regulations. 2. Members must respect the personal property of others as well as the property of any meeting or lodging facility.

The placing of signs or messages on the windows of the hotel rooms is prohibited. No material may be affixed to any hotel walls. Any damage caused by a member must be paid for by that member. 3. Members may not possess or consume any alcoholic beverages. 4. Members may not possess or use any drugs or other controlled substances, with the exception of medication

prescribed for the attendee. 5. Members may not possess or use tobacco products. 6. Members are expected to abstain from any activity of a sexual nature. 7. Members are expected to not tolerate hazing or any action that creates unnecessary physical or mental

discomfort, embarrassment, harassment or ridicule of others. 8. Members may not possess weapons, firecrackers or anything of a dangerous nature or act in any way

unbecoming of a Key Clubber.

**Lodging**

1. Members staying in a hotel or other lodging facility must sleep in their assigned room. 2. Female members are not allowed in the room of any male member, and male members are not allowed in the

room of any female member at any time. 3. Male and female members may be present together in hospitality suites when an adult chaperone is present. 4. All members are expected to abide by a curfew beginning at midnight and lasting until 5:00 a.m. No Key Clubber

shall be allowed on balconies after curfew. 5. Items within this section may be modified by the Key Club International Board with approval from the Key Club

International director.

**Enforcement**

1. Violations of this Code will result in notification to the Nebraska-Iowa Key Club District Administrator, district adult

staff or event chaperone. 2. Violations involving lodging rules, destruction of property, possession, consumption or use of alcoholic beverages

or controlled substances will result in immediate dismissal of the attendee from the event. 3. Notification, in writing or by phone, will be made to Key Club International, the student’s Key Club faculty advisor

and/or Kiwanis sponsor and parents of any member disciplined under this section. 4. These rules are effective as of the time a student arrives at a district-sponsored event, until the time a student

departs. 5. The Nebraska-Iowa Key Club District has the right to dismiss any attendee for any reason, without warning.

**I have read and understand the Code of Conduct above, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event.**

**Parent or guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Key Club member (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**