

NEW
TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203

To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®



Parent Packet

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Model UN Rules for Travel:

At the hotel:

- You all have been assigned to a room and roommate(s).
- Mr. Strom and the other chaperone will either be in our rooms or in the lobby throughout the evening.
- You **may not leave the hotel for any reason without checking in with the chaperone first**. Students must always be with at least with one other student during any scheduled free time.
- At 11:00 PM, we will come by each room to do a bed check to make sure that everyone is in their assigned rooms for the night. We may also be coming by again to conduct a lights out check as well. Curfew will vary according to the weekend schedule. You must come to the door for curfew check.
- Please try to go to sleep shortly thereafter. No door banging or loud noises.
- **You are on your own to wake up in time for breakfast**, but you are expected to be up on time for any scheduled events or activities.

Behavioral Expectations:

- All school rules apply as this is a school-sponsored trip. These rules include, but are not limited to, the following:
 - No drugs, alcohol, e-cigarettes, vaping devices, lighters, or paraphernalia at any time.
 - No leaving the event or hotel without a sponsor.
 - Be on time to all events or activities.
 - Students will not be allowed to carry medication on their own, all medication should be turned over to the sponsors prior to the attending the conference/leaving the school.
- Anyone who does not comply with our group standards for this trip and with the District's Expectations for Student Conduct will be referred to school officials for disciplinary consequences. Violation of these rules can also result in you not being able to attend any future trips. **If sent home, it will be at your parent's expense.**

At the Conferences:

- Remember that you are a representative of New Trier and expected to act as such: be professional, respectful, on-time, and behave as if in a classroom.
- Do not leave your sessions without first talking to one of the sponsor.
- Follow all conference guidelines and rules.

Acknowledgement of agreement to participate and follow all club rules:

Student Name (PRINT)

ID #

Student Signature

Date of Signing

Signature

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NEW TRIER HIGH SCHOOL WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN MODEL UN

I understand my signature indicates that I waive and release New Trier High School and its agents from any and all claims for injuries I may sustain while participating in this program.

The below named student may participate in Model UN for the 2019-2020 school year.

Model UN will be sponsored by adults appointed by New Trier and operated in accordance with school rules and board policy.

The student named below agrees accordingly to act as a responsible member of the Model UN and adhere to rules and restrictions established by New Trier High School and policy.

I hereby waive and release all claims against New Trier Township High School, the Board of Education, its members, officers, agents, servants, independent contractors, the program, and/or its teacher(s)/leader(s) from any injury, including death, loss, damage, accident, medical care, delay, or expense incurred during my participation in the program.

Student Name (PRINT)

ID #

Student Signature

Date of Signing

INDEMNIFICATION AGREEMENT

I acknowledge that the student named below will be participating in Model UN for the 2019-2020 school year. I do hereby agree to indemnify and hold harmless New Trier Township High School District 203, its officers, agents and employees, from and against any and all claims, losses, injuries, damages, judgments, liability and expenses, including not limited to attorney's fees, that may be incurred by them, arising out of his/her participation in the program.

Signature of Parent/Legal guardian

Date of Signing

Parent email address

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MEDICAL INFORMATION

_____ is participating as a member of the New Trier Model UN. It is important to know his/her state of health and whether any physical or mental health problems would prevent him/her from participating on this trip and in this conference. Please provide the information requested below.

Please inform us of any of the following circumstances related to your child's health.

Serious illnesses: _____

Chronic illnesses: _____

Allergies: _____

Dietary restrictions: _____

Eating disorders: _____

Psychological care (past and present): _____

Medications currently being taken (and for what reason): _____

Special instructions, if any: _____

Additional information: _____

If there are any changes, it is the responsibility of the parent/guardian to inform the club sponsors in writing, a new form may need to be completed at this time.

Parent name (please print)

Date

Parent's signature

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