



Indiana High School Athletic Association Student Leadership Conference

Date and Location

The one day conference will be held at Carmel High School, Carmel, Indiana, on **June 20, 2006**.

Participants

Member schools are encouraged to send teams of up to four to eight students. Each team must be accompanied by an adult supervisor. The first 500 applicants will be accepted for this year's conference. Student athletes entering grades 10 through 12 will be eligible to participate.

Registration

The enclosed registration forms and fees should be returned to the IHSAA office by **May 20, 2006**. The registration fee is \$50.00 per participant (including adult supervisor). For every four students, schools will receive a free registration for an adult. Registration will be processed on a first come, first serve basis. At least one adult must accompany all students attending the conference. The adult participants will act as advisors and coaches as they oversee the students they bring.

Conference Activities

The conference will include several national key note speakers. In addition, three separate sessions will be provided for student athletes. Over twenty different topics per session will be available. Adult supervisors may also choose from sessions geared towards enhancing the total athletic program. Participants will select from topics including:

Leadership	College Preparation	Community Service and Your School
Sportsmanship	Athletic Careers	NCAA Ambassador Program
Mental Preparation	Dealing With Adversity	Legal Issue and Athletics
Building Winning Traditions	Balancing Academics/Athletics	Developing A Captains Table
Building Team Morale	Hazing	IHSAA Issues and Answers
NCAA Clearing House	Expectation of College Athletics	Building Student Leadership

Submitting the Registration Forms

The deadline for return of the registration form is **May 20, 2006**. An additional packet of information will be sent once the registration is received. Please include complete payment with the original registration form.

Submit form to:

Sandy Searcy, Assistant Commissioner
Indiana High School Athletic Association
9150 North Meridian
P.O. Box 40650
Indianapolis, IN 46240



IHSAA Student Leadership Conference Registration Form

Complete the Following:

1. High School _____ School Phone _____
Contact Person _____ Home Phone _____
Email _____

2. Students (preferably teams of at least 4)

Name	Sport (s)	Gender	Year In School	T-Shirt Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Adults (at least one adult must accompany group)

Name	School Position	Gender	T-Shirt Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deadline to submit registration form: May 20, 2006.



**IHSAA Student Leadership Conference
Consent Form**

Participant's First and Last Name _____

Home Address _____

Home Telephone Number _____

Email Address _____

Grade _____ **Gender M/F** _____

School Name _____

School Address _____

School Telephone Number _____

Principal's Name _____ **email** _____

Athletic Director's Name _____ **email** _____

Adult Supervisor Name _____ **email** _____

I, the parent/guardian of the above signed student, understand the obligations accepted by my son/daughter and give my consent for his/her participation in the IHSAA Student Leadership Conference. I do further release the IHSAA, sponsors of this conference, and any other employee of said organizations from any claim for damages incurred by the said student that might be a direct or indirect outgrowth of his/her participation in this conference.

Signature _____ **Date** _____

Address _____

Telephone Number _____

Health Release

I hereby give permission for the above named student to be treated by a physician or licensed nurse at a hospital or on the scene in the event of a medical or surgical emergency.

Signature of Parent/Legal Guardian _____ **Date** _____