

Basic Participation Form

SECONDARY ASSOCIATION OF SkillsUSA NEW YORK

NAME: _____ AGE: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE: (____) _____ COMPETITION: _____

CAREER CENTER or TECH SCHOOL: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE AT SCHOOL: (____) _____

ADVISOR: _____ email: _____

Qualifications for Eligibility as a Contestant in a Basic Competition

- NOTE: All information is kept confidential.
- **FORMS ARE TO BE handed in at orientation**

CANDIDATE:

- Must be an active SkillsUSA New York member.

TO PARENTS or GUARDIAN: Having your son or daughter participate in a NYS SkillsUSA competition is a wonderful and rewarding experience, both for them and for SkillsUSA. These competitions are part of their SkillsUSA club activities and are presented as a skills challenge. By signing this you are allowing the School and advisor to notify us that your son/daughter is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997. Thank you for helping SkillsUSA to certify a high level of responsibility for your student.

Signed: _____

Parent or Guardian

TO CTE PRINCIPAL or DIRECTOR: It is essential that you be aware of the importance of the Basic contests and the student's participation and requirements. Only students Classified under the provisions of Public Law 105-17, Individuals with Disabilities Education act, 1997 may compete. Your signature assures that the above student meets all requirements.

Signed: _____

Principal or Director

TO ADVISOR: Your signature assures that you have registered the above student in the appropriate Basic competition and that this student is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997.

Signed: _____

Advisor

This form only used for the Basic Contest contestants.