



**Wisconsin Leadership and Skills Conference  
LOCAL ADVISOR PROCEDURES AND RESPONSIBILITIES**

WLSC FORM

**1B**

Rev. 1/13

<b>Advisor Name &amp; Cell Phone:</b>	<b>Local SkillsUSA Chapter:</b>
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The SkillsUSA Center requires an advisor from EACH local chapter attending the State Conference to read and sign a copy of this form and return before receiving name tags. **Please turn this in at State Conference during Check In.**

1. Local advisors are responsible for having each student attending the State SkillsUSA Conference read, discuss, sign, and return the STUDENT DELEGATE CONDUCT PRACTICES AND PROCEDURES form.
2. Local advisors are responsible for knowing the whereabouts of all their students at all times. Each local advisor should establish a policy with his/her students prior to the conference in order to meet this regulation.
3. Advisors must have with them at the conference a list of their students, as well as home telephone numbers and parent's or guardian's names.
4. Curfew will be enforced. Local advisors are responsible for room checks to ensure their students are in their assigned rooms.
5. No use of tobacco, alcoholic beverages, or narcotics will be permitted.
6. Identification badges will be worn at all SkillsUSA activities.
7. Chapter advisors are responsible for their delegates' conduct and shall be available to their students at all times or shall have another advisor/chaperone available to their students.
8. The local principal, designated administrator, and/or police will be contacted in emergency situations if the local advisor cannot be located within a reasonable amount of time or is unable to give proper amount of supervision. Student emergencies include: accidents, possession of tobacco, drugs or alcohol, breaking conference rules, family emergencies, and any other situation designated as an emergency.

**"I have read and fully understand the LOCAL ADVISOR PROCEDURES AND RESPONSIBILITIES and agree to comply with these guidelines."**

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of emergency, the following local administrators should be contacted:**

(1st Contact – Lead advisor)	(2nd Contact - Administrator)
Name	Name
Title	Title
School Phone Area/No.	School Phone Area/No.
Cell Phone:	Cell Phone: