

2025 MSASC Conference

**MSASC 2025 Conference Packet & Checklist**



**MSASC STATE CONFERENCE MARCH 7-8, 2025**

Cleveland Central High School

### 2025 MSASC Conference Checklist

Complete and Submitted [Online Conference Registration Form](#) by February 24, 2025.

Checks and money orders made payable to MSASC 2025 Conference and mailed to MSASC, c/o Lillian Johnson, 1220 E Northside Drive, Suite 170 #104, Jackson, MS 39211 by February 24, 2025.

#### **Required Documents**

Health Forms for EVERY Advisor and Student (bring forms to conference)

Photo Release Forms for EVERY Advisor and Student (bring forms to conference)

#### **Award Nominations and Campaigning**

Google Forms online are complete and submitted (Click Below and Review ways to Get involved at Conference)

Scholarship Application ([Click Here](#))  
(One senior per member school)

Campaign Forms MSASC Officer ([Click Here](#))  
MSASC President, High School  
MSASC Vice-President, Middle School  
MSASC Treasurer, 2026 Conference Host  
MSASC Secretary, High School  
MSASC Assistant Secretary, Middle School

Award Application Submitted ([Click Here](#))  
**High School:**  
President of the Year, Member of the Year,  
Advisor of the Year, Speech Contest,  
Project of the Year  
**Middle School:**  
President of the Year, Member of the Year,  
Advisor of the Year, Speech Contest,  
Project of the Year  
**Elementary School:**  
Project of the Year

Student Workshop Presenter Form ([Click Here](#))

Please note all clickable  
Google applications and  
forms are located on our  
conference website page at  
[www.msasc.net](http://www.msasc.net).

(Click on the Registration  
Tab to access)

2025 MSASC Conference

**Registration Ticket**

(Turn in this ticket at the Check-In Table)

Name of School \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Advisor's Cell Number: \_\_\_\_\_

Students with allergies. Please list students' names and allergies:

Student's Name	Food Allergies:	Other Allergies:

LIST ANY Students who did not turn in a Photo Release:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**The section below is to be completed by the registration committee:**

Documents Verified by _____
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Important: THIS FORM MUST BE COMPLETED, SIGNED BY A PARENT/GUARDIAN, AND IN POSSESSION OF THE STUDENT COUNCIL ADVISOR. **Advisors: Print and keep this form for each delegate attending. Present them upon arrival. Please DO NOT mail with registration information.**

A student will NOT be allowed to register at the conference unless the advisor presents this medical form on the day of the conference. After the medical form has been shown and documented at the conference check-in desk, the student council advisor will keep the Student Medical Form.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (in addition to parent/guardian): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Medical Insurance Company Name: \_\_\_\_\_ Student's Medical Insurance  
Company Policy #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

Medication Allergies (if any): \_\_\_\_\_

Food Allergies (if any): \_\_\_\_\_

**NOTE: If you child takes medication, please inform the Student Council Advisor, and follow your school district's policies and procedures.**

I, the parent or legal guardian of \_\_\_\_\_, authorize my child's student council advisor(s), \_\_\_\_\_ to obtain medical care of my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for treatment of my child and agree to be responsible for payment of such care. I release my child's school and advisor, the Mississippi State Association of Student Councils, Lafayette County School District, and their employees from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_  
[Child], grant Mississippi Association of Student Councils my permission to use the  
photographs from the MSASC 2025 Conference for any legal use, including but not limited  
to publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become  
payable to me because of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

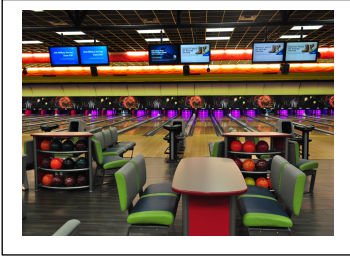
Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

**Please bring this form to the conference for each delegate attending.  
It will be collected when advisors sign in.**

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**MSASC Pre-Conference Activity  
FRIDAY, MARCH 7, 2025**

**5:30-8:30  
Harmony Bowling**

**1321 MS-8 #3, Cleveland, MS 38732**

Come join us as we have a night of fun and networking prior to the conference on Saturday. Pizza, drinks and plenty of bowling await all participants.

If joining us on this night, please select this option on the online registration form.

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**MSASC Post Conference Activity  
SATURDAY, MARCH 8, 2025**

**The Grammy Museum**

**Hours of Operation: 10:00-5:00 pm**

**800 W Sunflower Rd, Cleveland, MS 38732**



If you are interested in taking students to the Grammy Museum after the conference ends, tickets are available for \$6 per student. (The normal price for entrance is \$16.00) The Grammy Museum is located down the street from Cleveland Central High School. (2-3 minutes drive)

If interested, please select this option on the online registration form.

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**Conference T-Shirts Available for Pre-Sell**

Mission I'm Possible Cleveland Central High School

