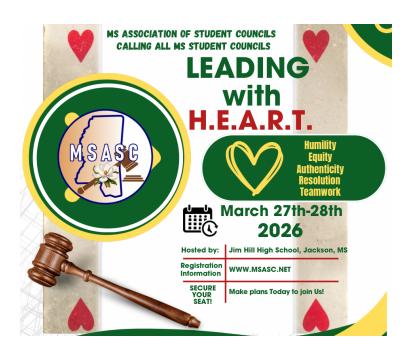
MSASC 2026 Conference Packet & Checklist





2026 MSASC Conference Checklist

Complete and Submitted Online Conference Registration Form by February 23, 2026.	
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 23, 2026.	
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, 2027 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,	Please note all clickable Google applications and forms are located on our conference website page at www.msasc.net.
Project of the Year <u>Middle School:</u>	(Click on the Registration Tab to access)
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)	

Registration Ticket

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

Name of School		
Name of Advisor:		
Advisor's Email:		
Advisor's Cell Numbe	er:	
Students with allergie	es. Please list students' names and	d allergies:
Student's Name	Food Allergies:	Other Allergies:
1	no did not turn in a Photo Release:	

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 Pho	ne:	-
Work Phone;	Cell Phone:		
Emergency Contact (in addition to parent/gua	rdian):		
Cell Phone:			
School Name:	School Phone:		Advisor's Name:
Cell Pl	hone:	_	
Student's Medical Insurance Company Name:		:	Student's Medical Insurance
Company Policy #:	Physician's N	ame:	
Phone:			
Special Health Concerns:			
Medication Allergies (if any):			-
Food Allergies (if any):			_
NOTE: If you child takes medication, please in and procedures.	nform the Student Council A	dvisor, and follo	w your school district's policies
I, the parent or legal guardian of	, auti to obtain medical care of	norize my child's	s student council advisor(s), event such care is necessary. I
understand that, if possible, I will be contacte care provider or accredited hospital permission treatment of my child and agree to be respon- Mississippi State Association of Student Cou- damages, liability, or loss resulting from their	d in the event my child requi on to perform any medical ar sible for payment of such ca ncils, Lafayette County Scho	res medical atte nd/or surgical pr re. I release my ol District, and t	ntion. I grant a licensed health ocedures that are essential for child's school and advisor, the their employees from any
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.

MSASC Pre-Conference Activity

Party at the Block in Fondren

FRIDAY, MARCH 27, 2026 6:00pm-9:00pm



Location: 3017 - 3025 N State St. Jackson, MS 39216



Website Here

Get ready to kick off this year's state conference in style at **Party at the Block** on Friday night, **March 27, 2026**, in the heart of Fondren! Enjoy a vibrant mix of music, food, and fun as you explore some of the neighborhood's hottest spots. Bowl a few frames and grab some food at **Highball Lanes**, enjoy Karaoke at the iconic **Capri Theater**, network and mingle with other student leaders with outdoor vibes at **Fondren Yard**, and swing through **The Station** for local shops and late-night energy. It's the perfect way to experience Fondren—lively, local, and full of community spirit.

Plan to Enjoy the City with Soul

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







Conference T-Shirts Available for Pre-Sell Theme: Leading with H.E.A.R.T.

(Draft Forthcoming)