Basic Participation Form

SECONDARY ASSOCIATION OF SkillsUSA NEW YORK

	NAME:	AGE:	
	ADDRESS:		
	TOWN:	ZIP:	
	PHONE: (.)COMPETITION:	
	CAREER CENT	TER or TECH SCHOOL:	
	ADDRESS:		
	TOWN:	ZIP:	
	PHONE AT SCI	HOOL: ()	
	ADVISOR:	email:	
	• NOTE:	for Eligibility as a Contestant in a Basic Competition All information is kept confidential. S ARE TO BE handed in at orientation	
	CANDIDATE: • Must be	e an active SkillsUSA New York member.	
club acti	ul and rewarding ivities and are pre r son/daughter is	or GUARDIAN: Having your son or daughter participate in a NYS SkillsUSA competing experience, both for them and for SkillsUSA. These competitions are part of their Skillsented as a skills challenge. By signing this you are allowing the School and advisor to classified under the provisions of Public Law 105-17, Individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals of Public Law 105-17 individuals with Disabilities Educated the Individuals with Disabilities Educated	illsUSA to notify us
		Signed:	
		Parent or Guardian	
	s participation and	PIPAL or DIRECTOR: It is essential that you be aware of the importance of the Basic cord requirements. Only students Classified under the provisions of Public Law 105-17, Ind., 1997 may compete. Your signature assures that the above student meets all requirement	ividuals with
		Signed: Principal or Director	
		Principal or Director	
that\this		Your signature assures that you have registered the above student in the appropriate Basied under the provisions of Public Law 105-17, Individuals with Disabilities Education	
		Signed:Advisor	

This form only used for the Basic Contest contestants.