



2022 Key Club District Convention NEBRASKA-IOWA KEY CLUB DISTRICT

West Des Moines Hilton Garden Inn Hotel
205 - South 64th Street, West Des Moines, IA 50266

April 8-10, 2022 STUDENT Registration Form

(Please Print Clearly)

Name Male/Female Phone _____

Home Address _____ City _____

State _____ Zip Code _____ E-mail _____

Key Club/School _____ T-Shirt size: S M L XL 2XL

I want to share a room with:

1. _____ 2. _____ 3. _____

Total Package - includes two-night hotel stay for Friday and Saturday, : Friday Social and Dinner, Saturday Breakfast, Lunch, and Governor's Ball; Sunday Brunch, DCON shirt and pin; and all convention activities.

- \$185 per person, sharing 4 people to a room, 2 double beds
- \$200 per person, sharing 3 people to a room, 2 double beds
- \$250 per person, sharing 2 people to a room, 2 double beds
- \$390 per person, one person to the room with King size bedding

2021-2022 Key Club officer position (if applicable) _____

2021-2022 Key Club officer position (if applicable) _____

What grade are you in this year? 9 10 11 12

Do you require a vegetarian meal? Yes/No List any food allergies: _____

Student Signature: _____ TOTAL \$ INCLUDED _____

Registrations must be **postmarked by Thursday, March 24th, 2022**, and include payment in full. A registration form is needed for each person (including adults). Refunds can't be guaranteed after March 24, 2022.. Refunds will be available at the discretion of the District, based on their own refund policy.

- All Registrations must include:
1. Registration form
 2. Signed Code of Conduct form
 3. Medical form
 4. Covid Waiver and proof of vaccine (SEE COVID WAIVER FORM)
 5. . Check payable to "Nebraska-Iowa Key Club"

Mail forms and check to: **Tracey Domgard, Nebraska-Iowa Key Club 6125 Rosebud Dr, Lincoln, NE 68516**



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April 8-10, 2022 ADULT Registration Form

(Please Print Legibly)

Name _____ Male _____ Female _____ Phone (____) _____ - _____

Home Address _____ City _____ State _____

Zip Code _____ E-mail _____ Key _____

Club/School _____ T-Shirt size: S M L XL 2XL

Do you require a vegetarian meal? Yes/No List any food allergies: _____

FOR CHAPERONES:

(Every school sending three or more students must have at least one chaperone that attends the entire event and stays at the hotel.)

Total Package - includes two-night hotel stay: Friday Social and Dinner, Saturday Breakfast, Lunch, and Governor's Ball; Sunday Brunch, DCON shirt and pin; and all convention activities.

- \$280 per person, sharing 2 people to a room, 2 double beds
- \$402 per person, one person to the room with King size bedding

**Chaperones need to provide their own roommate. These rates are not offered unless a roommate is stated.*

Roommate NAME _____

FOR SPECIAL GUESTS AND VISITORS:

I would like to attend the following events (please mark which events you plan to attend):

6:30 p.m. Friday Dinner (\$20) _____

8 a.m. Saturday Breakfast (\$18) _____

12 p.m. Saturday Lunch (\$23) _____

6 p.m. Saturday Awards Banquet (\$ 40) _____

Key Club Convention Shirt (\$15) _____

Saturday ONLY Convention Package without hotel stay (\$65) _____

Adult Signature: _____ TOTAL \$ INCLUDED _____

Registrations including a hotel stay must be postmarked by **March 24, 2022**, & include payment in full. Registrations for meals only must be postmarked by **March 24, 2022**, & include payment in full.

Mail all forms and check payable to "Nebraska-Iowa Key Club" to: **Tracey Domgard Nebraska-Iowa Key Club
6125 Rosebud Drive, Lincoln, NE 68516**

2020 Key Club DCON Medical Form

Emergency Medical Treatment/Transportation Authorization

Please type or print all information. This completed form is required for all members of the Nebraska-Iowa Key Club District attending the 2022 Key Club District Convention. The parent, legal guardian, or person in loco parentis for the member must complete this form.

Key Club Member Name _____

First _____ Middle Initial _____ Last Name _____

Mailing Address _____

Street address City State Zip Code **Gender:** Female/Male **Height** _____ **Birth Date** Month _____ Day _____ Year _____

EMERGENCY INFORMATION:

In case of emergency, please contact _____ Relationship to member _____

Home Phone (____) _____ Cell phone (____) _____ Work Phone (____) _____

Alternate contact _____ Relationship to member _____

Home Phone (____) _____ Cell phone (____) _____ Work Phone (____) _____

MEDICAL INFORMATION

Health insurance company _____ Policy number _____

Group name on insurance coverage _____

Telephone number or other contact information shown on insurance card _____

Does this Key Club member take any prescription medication or over-the-counter drugs of any kind? Yes No

If yes, please explain _____

Has he/she ever been or currently being treated for (circle Yes or No)?

Nervousness? Yes No Rheumatic fever? Yes No Asthma? Yes No Convulsion or epilepsy? Yes No Cancer or tumors? Yes No Diabetes? Yes No Heart condition? Yes No Headaches? Yes No Allergies to medication? Yes No High blood pressure? Yes No Fainting spells? Yes No List any allergies or other medical conditions of which we should be aware.

I am the parent or legal guardian for the above-named Key Club member, and give my permission for him/her to attend events, and conventions sponsored by the Nebraska-Iowa Key Club District. I hereby certify that the information provided above is correct. In the case of a medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical providers, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and my minor, I hereby RELEASE, WAIVE AND FOREVER DISCHARGE the Nebraska-Iowa Key Club District, Key Club International and Kiwanis International and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the Nebraska-Iowa Key Club District, Key Club International and/or Kiwanis International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

I understand at this event, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose is the event holders, producers, sponsors and/or organizers without compensation or notice to me. I agree to adhere to the code of conduct.

I understand this Key Club MEMBER will be directly chaperoned by a designated school chaperone and the adult staff of the Nebraska-Iowa Key Club District Board once they arrive on-site for this district event. I also understand that it is my responsibility to see that this student has viable transportation to and from the district convention and that this liability is covered by me and/or my child's school.

Parent or guardian (print) _____ **Signature** _____ **Date** _____

Assumption of Risk, Waiver, and Release
COVID-19 and Voluntary Activities

I desire to participate or allow my child(ren) to participate in one or more voluntary activities sponsored by Nebraska-Iowa District of Key Club International, Inc.(Known as NIKC) The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19

NIKC will conduct certain activities beginning in the January of 2022 and continuing the rest of the calendar year. These activities, hereinafter known as “Activity,” will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply.

In an effort to ensure the safety and wellness of our students and adults, I understand the importance of all stakeholders being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours. I also agree that NIKC may screen my child(ren) for a fever prior to allowing participation in any activities.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions, and/or omission those of my children, NIKC volunteers, other Activity participants, or others not listed. By signing this, I acknowledge and accept all such risk in connection with my child(ren’s) participation in the Activity. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the State of Nebraska and Iowa, the Department of Health, or any other regulating entity.

Name of Attendee: _____ (Please PRINT)

Signature of Attendee: _____ Date: _____

Name of Parent/Guardian: _____ (Please PRINT)

Signature of Parent/Guardian: _____ Date: _____

2022 Key Club DCON Code of Conduct

Key Club members, adult advisors, and invited guests are expected to demonstrate behavior consistent with the high ideals of Key Club and should abide by the provisions of this Code while in attendance at any Key Club International and District event. Every member will respect the authority of the Sergeant-at-Arms Committee, Key Club administrators and designated staff.

Responsible Behavior

1. All participants are expected to abide by all government laws and regulations.
2. Members must respect the personal property of others as well as the property of any meeting or lodging facility. The placing of signs or messages on the windows of the hotel rooms is prohibited. No material may be affixed to any hotel walls. Any damage caused by a member must be paid for by that member.
3. Members may not possess or consume any alcoholic beverages.
4. Members may not possess or use any drugs or other controlled substances, with the exception of medication prescribed for the attendee.
5. Members may not possess or use tobacco products.
6. Members are expected to abstain from any activity of a sexual nature.
7. Members are expected to not tolerate hazing or any action that creates unnecessary physical or mental discomfort, embarrassment, harassment or ridicule of others.
8. Members may not possess weapons, firecrackers or anything of a dangerous nature or act in any way unbecoming of a Key Clubber.

Lodging

1. Members staying in the hotel assigned to the event must sleep in their assigned room.
2. Female members are not allowed in the room of any male member, and male members are not allowed in the room of any female member **at any time**.
3. Male and female members may be present together in hospitality suites when an adult chaperone is present.
4. All members are expected to abide by a curfew beginning at midnight and lasting until 5:00 a.m. No Key Clubber shall be allowed on balconies after curfew.
5. Items within this section may be modified by the Key Club International Board with approval from the Key Club International director.

Enforcement

1. Violations of this Code will result in notification to the Nebraska-Iowa Key Club District Administrator, district adult staff or event chaperone.
2. Violations involving lodging rules, destruction of property, possession, consumption or use of alcoholic beverages or controlled substances will result in immediate dismissal of the attendee from the event.
3. Notification, in writing or by phone, will be made to Key Club International, the student's Key Club faculty advisor and/or Kiwanis sponsor and parents of any member disciplined under this section.
4. These rules are effective as of the time a student arrives at a district-sponsored event, until the time a student departs.
5. The Nebraska-Iowa Key Club District has the right to dismiss any attendee for any reason, without warning.

CODE OF CONDUCT AGREEMENT/ACKNOWLEDGMENT STATEMENT

I have read and understand the Code of Conduct above, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event.

Parent or guardian (print) _____

Signature _____ Date _____

Key Club member (print) _____

Signature _____ Date _____