DIAA STUDENT LEADERSHIP CONFERENCE APPLICATIONS



DIAA – "Education through Athletics"

TO: Athletic Directors, DIAA Member High Schools

FROM: Thomas E. Neubauer, Executive Director

RE: DIAA Student Leadership Conference Selection Procedure and Criteria

The DIAA Board of Directors has approved the funding for an annual DIAA Student Leadership Conference to be held in Lewes, Delaware. Attendance is limited to a maximum of 40 student delegates and 10 adult delegates. The 2017 conference will be held from August 4 to 6, 2017 beginning begins on Friday, at 3:00 p.m., and concluding on Sunday, at 12noon. DIAA will pay the registration fee (includes all meals, two nights lodging at the University of Delaware, Virden Conference Center for the attendees. The student and adult delegates will be responsible for all miscellaneous expenses. Described below is the selection procedure, including criteria, for the student and adult attendees.

- 1. Four (4) student delegates will be chosen from each conference [exclusive of any school's Sportsmanship Award nominees] and a minimum of (1) additional student delegate will be selected from each of the previous year's high school recipients of the DIAA Sportsmanship Award. The aforementioned conferences are Blue Hen "A", Blue Hen "B", Catholic, Independent (excluding Westtown School), Henlopen North, Henlopen South, and Diamond State.
 - a. Each conference will submit to the selection committee the names of 6 candidates who should be ranked #1 #6 in order of preference. At least 2 candidates must be males and at least 2 candidates must be females.
 - 1. Each candidate must be a varsity letter winner.
 - 2. Each candidate must be a rising 10th, 11th or 12th grader.
 - 3. Each candidate must have a minimum cumulative GPA of 2.5 with no failing grades since first entering the 9th grade.
 - 4. Each candidate must be a team captain or captain-elect, a student government officer or representative, a class officer, a club officer, an honor society officer, an editor of a school publication, or must hold some other recognized leadership position within the school.

- 2. The selection committee will most likely accept the conference's #1 through #4 ranked candidates but may, in some cases, choose the #5 and #6 ranked candidate to ensure that the overall makeup of the group is representative of the student bodies of the member schools. The nominees from the Sportsmanship Award winning schools will be added the roster. The committee will then select at large candidates as needed to fill out the roster of 40. Please encourage entries because we hope all schools will reap the benefits of this conference.
- 3. A maximum of ten (10) adult delegates will be chosen, one adult delegate from each of the aforementioned conferences is eligible to submit names and one additional adult delegate eligible to be selected from the previous year's DIAA Sportsmanship Award winners.
 - a. Each conference will submit to the selection committee the names of three candidates who should be ranked #1 and #2 in order of preference. One candidate must be a male and one candidate must be a female.
 - 1) Each adult candidate must be a principal or assistant principal, a dean of students, an athletic director or assistant athletic director, a guidance counselor, a certified coach, a class advisor, a student government advisor, a club advisor, or an honor society advisor.
 - 2) Each adult candidate must be employed by one of the schools represented by the three (3) adult candidates.
- 4. The selection committee will most likely choose the #1 ranked candidate, but there may be at large candidates chosen to make the total ten. **Adults should be made aware that accommodations are two to a room**
- 5. The student and adult candidates must complete the enclosed application form but are not required to write the 200-word essay unless the conference is using it to select and/or rank their candidates.
- 6. Please emphasize to all of the student and adult candidates that they must make a commitment to attend the conference if they are selected. DIAA is making a significant financial commitment to enable the student and adult delegates to attend a leadership conference that will include participants from every county and conference and should be an enjoyable and productive experience. In as much as many of the costs for each attendee will be paid by DIAA in advance, it is imperative that the student and adult delegates are committed to attending and participating in the conference activities.
- 7. The deadline for submitting the names of students and adult candidates is the second Friday in April.

Please call the DIAA office (302-857-3365) if you have any questions regarding the DIAA Leadership Conference.

ADULT DELEGATE APPLICATION

(Please Print)

First and Last Name	School Name
Home Address	School Address
City State Zip	City State Zip
Home Telephone Number	School Telephone Number
E-mail Address	Principal's Name
Describe the activities you supervise, c	oach or advise.
What does developing citizenship	neet, please answer the following question. skills through sports and activities mean to you and how ractice in your school and community?
If I am selected as one of the adult dele in Lewes, Delaware.	egates, I agree to attend the DIAA Leadership Conference
Signature	Date

STUDENT DELEGATE APPLICATION

(Please Print)

[PLEASE INCLUDE A WALLET-SIZE PHOTO OF THE APPLICANT]

Student's First and Last Name Student's Home Address		School Name
		Name of Person Nominating Student
City	State Zip	Parent or Guardian Name
Student's 1	Home Telephone Numbe	er Parent/Guardian Cell Phone Number
Student's 1	E-mail Address	Parent/Guardian E-mail Address
Student's Cell Phone Number		Current grade in school
	Stud	ent's tee shirt size [in adult sizes]
List all sch roles.	ool and community acti	vities you are involved in with an emphasis on leadership
In 200 wor	ds or less, on an attache	ed sheet, please answer the following questions.
Why s	should you be chosen to	attend the DIAA Leadership Conference?
		nt delegates, I agree to attend the Leadership Conference in onference, from August 4, 3pm through August 6 12noon.
Student Signature		Date
Parent/Gu	ardian Signature	Date

STUDENT HEALTH HISTORY/CONSENT FOR TREATMENT

Student Last Name	ident Last Name First Name					
Home Address						
Home Telephone Number	Sex	_ Date of Birth _	Age			
Name of Parent/Legal Guardian						
Mother Telephone Number – Home _		_ Work	Cell			
Father Telephone Number – Home		_ Work	Cell			
Emergency Telephone Number (Other than parent/guardian) Name						
Relation to Student						
Family Physician	_ Physic	cian Phone Numbe	r			
Insurance Company	Group Plan Number					
Policy Number	_ Insura	ance Benefit Code				
Does the student have any special phys	sical/healt	h needs? Yes No	If yes, please explain	1:		
Does the student have any special dieta	•	• , •	•			
Is student allergic to any drugs? (e.g. pe	enicillin, ins	ulin)				
Is student allergic to bee stings? Can student take antihistamines?						
Is student currently under any medical treatment? (please explain)						
Medication student is currently taking insulin, etc.)	(includes a	ntihistamines, anti-co	nvulsives, tranquilizers,			
This document will be retained in conf	idence by	the Leadership Co	onference Medical Dir	rector		
"I hereby give permission for the abov nurse at a hospital or on the scene in the				censed		
Signature of Parent/Legal Guardian_		D	ate			

CODE OF CONDUCT

Student Name	School			
Date of Activity	Location			
I, the undersigned student leader, do hereby agr	ee:			
To abide by all the rules and regulations set forth by the Delaware Interscholastic Athletic Association, the Adult Delegates, and all adult supervisors. To waive and release any and all rights and claims for any damages I may have against the DIAA, and any other employee of the DIAA for any injuries arising from my participation in this activity. To accept responsibility for my behavior so that it does not reflect discredit on my school, my state association, or myself. To use no tobacco, alcohol or illegal drugs at the Conference. To treat all student and adult delegates with respect and dignity.				
I understand that if I break any of the rules of the Conference that I will be sent home immediately at my own expense, after the DIAA has made arrangements with my parent/legal guardian.				
Signature	Date			
Printed Name				
I, the parent/guardian of the above signed student, understand the obligations accepted by my son/daughter as outlined above and give my consent for his/her participation in Leadership Conference. I do further release the DIAA, sponsors of this conference, and any other employee of said organizations from any claim for damages incurred by the said student that might be a direct or indirect outgrowth of his/her participation in this conference.				
Signature	Date			
Address				
Telephone Number				
To be submitted with Student Delegate Applicat	ion no later than second Friday in April to:			

DIAA, 35 Commerce Way, Suite 1, Dover, DE 19904.