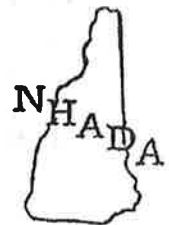


NEW HAMPSHIRE STUDENT LEADERSHIP CONFERENCE 2018



26th Annual Conference Presented by:
New Hampshire Athletic Directors' Association
&
New Hampshire Interscholastic Athletic Association



March 15th & 16th, 2018
Omni Mount Washington Resort, Bretton Woods, NH



Agenda: Thursday, March 15

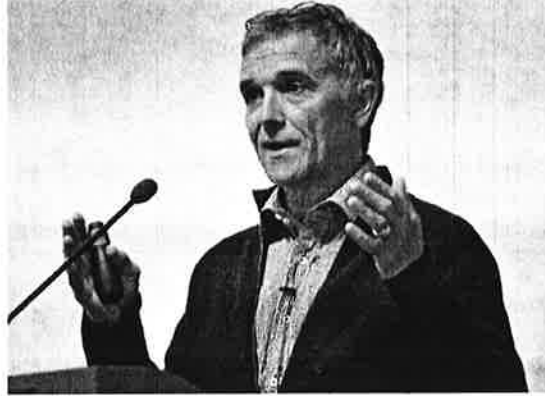
Time	Event	Location
9:30am	Registration/Welcome Fair	Great Hall
10:30am	Welcome/Lunch	Grand Ballroom/Dining Room
12:00pm	Raffle Fair	Great Hall
12:35pm	Student Leaders: /Team Meetings & Ice Breakers	TBD
	Chaperones: Meeting	TBD
1:10pm	Break Out Session 1	TBD
2:15pm	Break Out Session 2	TBD
3:15pm	Break/Snack	TBD
3:35pm	Break Out Session 3	TBD
4:40pm	Break Out Session 4	TBD
5:30pm	Keynote: John Underwood	Great Ballroom
6:30pm	Dinner	Dining Room
7:30pm	Check in to Hotel Rooms	Hotel
8:00pm	School Meeting	TBD
8:30pm	Clash of Colors	TBD
11:00pm	Lights Out	Hotel

Agenda: Friday, March 16

Time	Event	Location
7:15am	SEALS Workout	TBD
	Yoga Session	TBD
	Hip-Hop/Dance Class	TBD
7:30am	Breakfast	Dining Room
8:00am	Raffle Fair	Great Hall
9:05am	Break Out Session 5	TBD
10:10am	Break Out Session 6	TBD
11:10am	Snack/Action Planning	TBD
11:40am	Prizes	Grand Ballroom
12:00pm	Keynote: James Orrigo	Grand Ballroom
1:00pm	Busses Depart	Hotel Main Entrance

Keynote Speakers

John Underwood



John Underwood is the founder of the Life of an Athlete program. Underwood is a former NCAA All-American, International-level distance runner, and World Masters Champion. He has also coached World and Olympic Champions, and has worked with nearly all sport federations, including the NCAA, NHL, NFL, NBA, USOC, and IOC. He is also a Human Performance Consultant for the US Navy SEALs.

John will present on the effect of lifestyle choices on athletic performance and the factors that influence training effect and human performance.

James Orrigo



James Orrigo uses music, stories, and videos to captivate and inspire students across the nation to pursue passions serving others. James' Lad in a Battle presentations have been recognized among the Best of Boston, and Best of 2015 & 2016 by Thumbtack Professionals for Motivational Entertainment. Lad in a Battle stands for life's struggles and its crazy ride, it's what you choose to do with the moments that make you want to quit, that make you who you are!

James will present on how a positive concept in leadership can encourage individuals to go beyond themselves and take the challenge to leave their comfort zones.

Presenters

The six Break Out Sessions will run for approximately 60 minutes. Each Conference participant will go to each Break Out Session as assigned, four on Thursday, and the remaining two on Friday. The topics and presenters are as follows:

Success Through Hard Work: Navy SEALs

Jason Larson and Anthony Page are former U.S. Navy SEALs who now operate a program called Applied Performance Sciences. Their work teaches students the importance of teamwork, team dynamics, leadership, and responsibility through stories about overcoming adversity.

Anthony and Jason will use their personal experience to demonstrate the connection between hard work and success.



Courage: Deb Hult

Deb Hult is nationally known for her enthusiastic, positive, and down-to-earth personality. Deb uses her passion to motivate those she works with to operate with integrity and serve others. She is a business owner, a group fitness director, a wife, a mother of two boys, and a friend to all.

Deb will guide participants as they discover how courage and leadership relate to each other. Through this interactive session, students will find more tools to be courageous in socially challenging situations.



Sphere of Influence: Ryan Holder

Ryan Holder, M.Ed., LMCH, Assistant Director of Adventurelore. Ryan has 18 years experience challenging individuals and teams to enhance self-confidence, self-esteem, and promote healthy interaction. Ryan is passionate about empowering others to realize the importance of caring for oneself and each other.

Participants will learn about how to use their sphere of influence to improve school environment and increase participation.



Decision Making: NHIAA Student Leadership Committee

The NHIAA Student Leadership Committee joins together athletes, students, coaches, school leaders, and community members to be a collaboration of lifelong learners who demonstrate leadership, healthy lifestyle choices, and sportsmanship.

The Student Leadership Committee will work with participants to put their decision-making skills to the test through practical application.



Team Dynamics: NH Educators

TBA

Participants will learn how an understanding of team dynamics can be used to analyze and improve relationships and ultimately maximize performance.

Preparing to Win: NH Educators

TBA

Participants will learn about the mental, physical, and emotional preparation needed to win.

Optional Friday Morning Activities

For our early birds, we have three optional activities planned just for you! You can rank your interest in the activities on your registration form.

There are a limited number of spots for each activity, therefore they will be filled on a FIRST COME, FIRST SERVE basis. **Please remember that signing up means you are committing to attending the activity. Don't take an opportunity away from another person by signing up and not going.

Navy SEALS Workout



Jason and Anthony will take you through a 45 minute Navy SEALS workout which gives you the chance to work on your teamwork skills. This is designed for students looking to challenge themselves!

Limited spots available!

Yoga Session



Recharge your mind and body with an early morning Yoga Session so you can start the day off relaxed and focused.

Limited spots available!

Hip-Hop/Dance Class



Deb Hult wants you to join her for some fun, upbeat, urban style hip-hop dance moves that will help you get your groove on and your heart beating! Deb will break down step by step routines with simple instructions and simple choreography you WILL be able to execute! This high energy class will consist of rap, hip-hop, and pop sounds, focusing on musicality, rhythm, and a great dance workout routine!

Limited spots available!

Let's Get Social!

Connect with the NHIAA, Life of an Athlete, and all your fellow students at the Conference!

Follow us on Twitter, Instagram, and Facebook and use #NHSLC18. Post photos, videos, and what you are learning about here at the Conference!

Your photos will be retweeted and reposted throughout the Conference!



@NHIAA_LOA



@lifeofanathletenh



Life of an Athlete NH



Conference Information

Code of Conduct/Conference Policies

Participants are expected to act in a responsible manner that will reflect well on themselves and their school. Participants are expected to respect each other and themselves while following the rules of the Conference. The use of alcohol, tobacco, and/or drugs is strictly prohibited. In addition, students must adhere to the established Conference curfews. Students are only allowed in their assigned rooms. Participants who violate any of the Conference policies set forth by the NHADA, NHIAA, and any adult chaperones/presenters will be asked to leave the Conference at their own expense.

Supervision

Each school will have designated chaperones responsible for ensuring all students are where they should be at all times. Chaperones will also be conducting bed checks Thursday night.

There will be adult leaders in each group of students. These adults will take an active part in discussions and curriculum of the Conference.

Attire

Students should be dressed comfortably for all the activities. Students will be moving a lot! Appropriate footwear will also be critical. No sandals or open-toed shoes!

Students being transported to the hotel by bus are asked to take up minimal space with their luggage to accommodate everyone. Try to pack only the essentials!

T-Shirts will be provided upon check-in on Thursday to be worn for the day.

If you register for the SEALS Workout, Yoga Session, or Hip-Hop/Dance Class, be sure to bring extra clothes!

Housing

Participants are staying overnight in the Omni Mount Washington Hotel.

Participants are to sleep in their assigned rooms. Visiting a room assigned to the opposite gender is not permitted.

Transportation

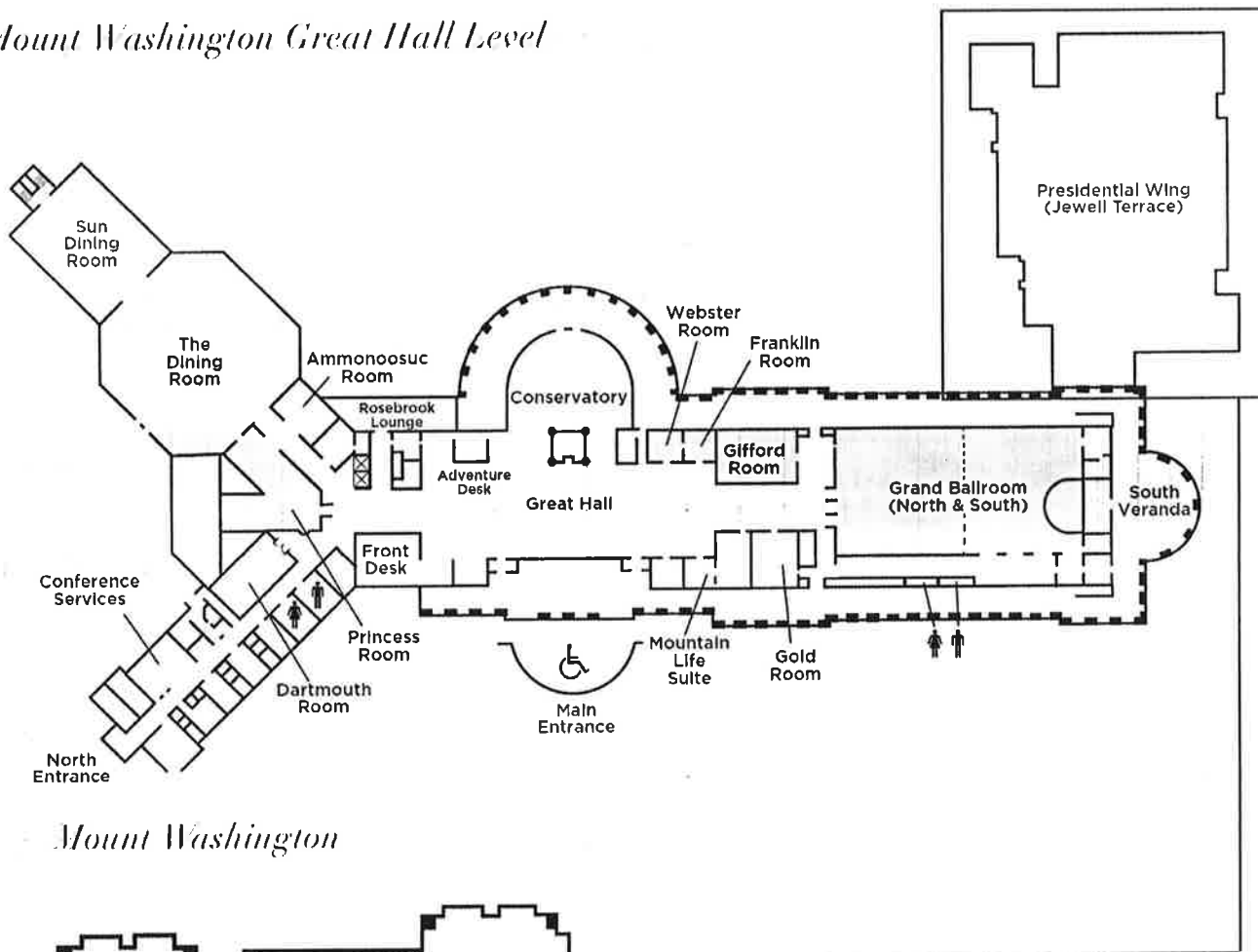
Transportation to the Conference is coordinated by the school.

Meals

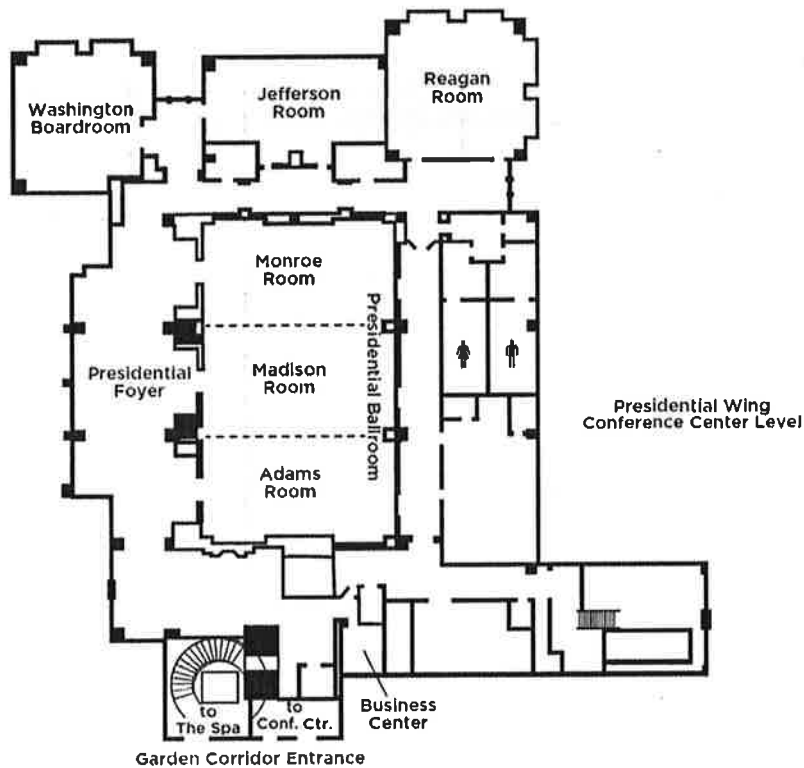
All meals will be served in the Omni Mount Washington Resort Dining Room. Participants who have food allergies or special dietary needs must indicate such information on the Registration Form.

Conference Center Map

Mount Washington Great Hall Level



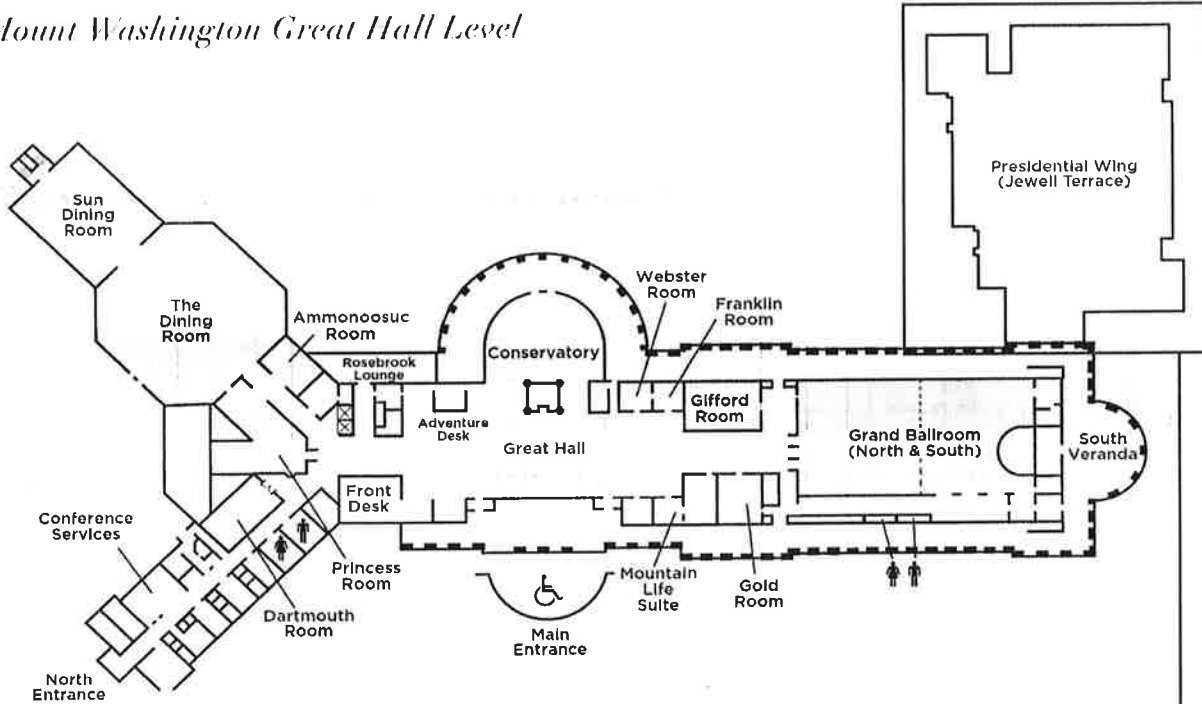
Mount Washington



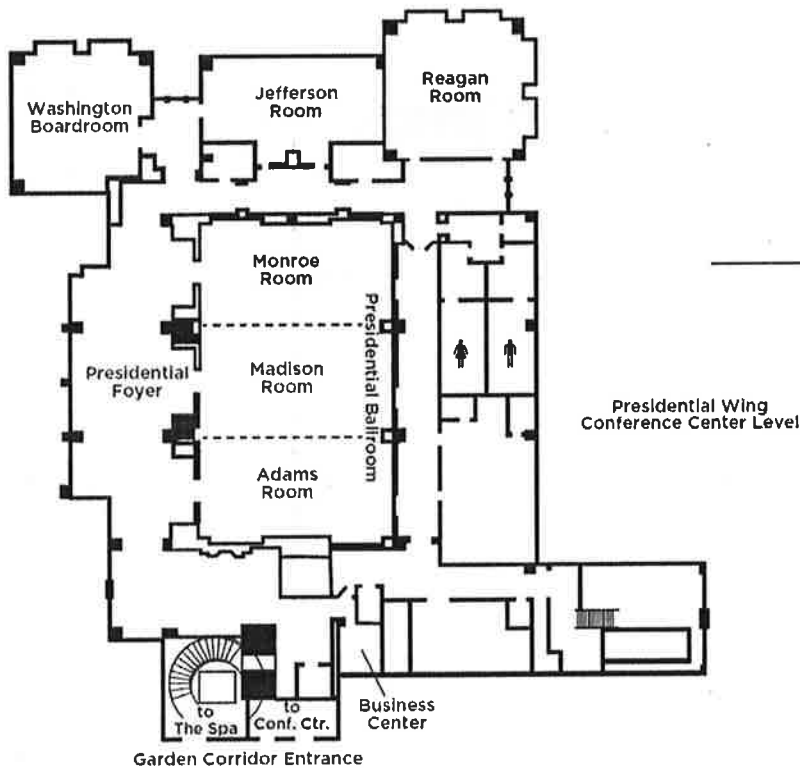
Conference Center Map: Clash of the Colors

Here's where those teamwork skills will come in handy! As a group, you will rotate through each station. Points for each team will be tallied at each activity throughout the night. The Clash of Colors winning team will be announced Friday afternoon and the team will get a prize! Good luck and have fun!

Mount Washington Great Hall Level



Mount Washington



Omni Mount Washington Resort

310 Mount Washington Hotel Road
Bretton Woods, NH 03575
Phone: 603-278-1000

Take I-93 North through Fraconia Notch to Exit 35, Route 3N. Take Route 3N to Twin Mountain, and then follow Route 302E to Bretton Woods, NH.

Take I-95, Route 101, or Route 4, exit onto Route 16N/Spaulding Turnpike to North Conway/Glen, NH. Follow Route 302W to Bretton Woods, NH.

Special Thanks To...



**NEW HAMPSHIRE
CHARITABLE FOUNDATION**

NH DEPT. OF HEALTH AND HUMAN SERVICES

NHBDAS

BUREAU OF DRUG AND ALCOHOL SERVICES



Promoting Prevention and Recovery

The New Hampshire Charitable Foundation



REFUEL
with
CHOCOLATE MILK
The Official Beverage of NH High School Athletics

The New Hampshire Department of Health and Human Services
Bureau of Drug and Alcohol Services

The Granite State Dairy Promotion

Participant & Parent/Guardian Authorization

Student/Participant Name: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

"PARTICIPANT" MEANS THE UNDERSIGNED ADULT, BEING AT LEAST 18 YEARS OLD, SIGNING ON BEHALF OF HIMSELF/HERSELF OR THE MINOR PARTICIPANT (UNDER 18) AND THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE MINOR SIGNING ON BEHALF OF HIMSELF/HERSELF.

I, the UNDERSIGNED, authorize the school's representative to transport, request, and authorize emergency treatment for the participant. I am aware of the hazards (that may effect the participant) associated with the transportation to and from, as well as participation in, this Conference. I agree that I will not hold this person, the NHIAA, the NHADA, or it's agents liable while he/she is acting reasonably within these responsibilities.

In case of an emergency involving the participant, I understand that efforts will be made to contact emergency contacts listed on the registration form. In the event emergency contacts cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the participant.

I, the UNDERSIGNED, also understand that the participant participation in these activities is entirely voluntary and requires the participant to follow instructions and abide by all applicable rules and the standards of conduct. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the UNDERSIGNED shall assume all transportation costs and responsibility.

I, the UNDERSIGNED, hereby grants permission to the NHIAA and NHADA, severally, full permission now and forever, with no obligation to compensate me further, to use photographs, videotapes, motion pictures, recordings, or other record of the participant's performance and participation for advertising and promotional materials and for any other purpose the NHIAA, NHADA, and it's agents, in its sole discretion deems necessary. This includes posting of such photographs, recording or other media representation of the participant, on any website or social media outlet, or licensing others to do so in their promotional materials or websites.

By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____

Submit Form

Please send the signed document via email to mpurington@nhiaa.org or click the submit button.

Chaperone Authorization & Release Form

Chaperone Name: _____

Cell Phone: _____

I, the UNDERSIGNED, am the school's representative and understand that I am responsible for the students that I am bringing to and/or supervising during the Conference. I am aware of the hazards associated with the transportation to and from, as well as participation in, this Conference. I agree that I will not hold the NHIAA, NHADA, or it's agents liable while he/she is acting reasonably within these responsibilities.

In the event I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I hereby give the medical provider permission for the necessary treatment to be administered. In case of an emergency and for permission for treatment beyond emergency procedures, I hereby give permission to the NHIAA, NHADA, or it's agents to contact the emergency contacts listed on the registration form.

The UNDERSIGNED hereby agrees to release, indemnify, and hold harmless the NHIAA, NHADA, and it's agents from any loss, liability, damage, injuries, or cost they may incur due to the presence of the undersigned participating in the Conference and whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED hereby grants permission to the NHIAA and NHADA, severally, full permission now and forever, with no obligation to compensate me further, to use photographs, videotapes, motion pictures, recordings, or other record of my participation for advertising and promotional materials and for any other purpose the NHIAA, NHADA, and it's agents, in its sole discretion deems necessary. This includes the posting of such photographs, recordings, or other media representation of myself, on any website, or licensing others to do so in their promotional materials or websites.

By signing below, I acknowledge that I have read and understand this document as well as agree to this document, and also represent that all information provided is accurate.

Chaperone Signature: _____

Date: _____

Submit Form

Please send in the signed document via email to mpurington@nhiaa.org or click the submit button.

Navy SEALs Workout Waiver and Release

This Waiver and Release is ONLY required for students applying to participate in the Navy SEALs Friday morning workout.

This Waiver and Release is entered into effective as of (date)
by the undersigned individual ("You").

In consideration of receiving physical training (the "Training") from, and access to any fitness equipment (the "Equipment") of DeltaSix Holdings, LLC ("D6"), You (on behalf of yourself, your relatives, heirs, successors, assigns, representatives, guardians, and estate), hereby (a) consent and voluntarily elect to receive the Training and use the Equipment; (b) have consulted with a physician prior to receiving the Training and using the Equipment; (c) represent that You are in good health and are capable of full participation in rigorous physical activity; (d) assume all risk of damage to property, bodily injury and/or death while receiving the Training and using the Equipment; (e) waive and forever release any and all rights and claims for any injuries, losses, damages, and liabilities of any kind, which are in any way connected with your receiving the Training and using the Equipment that You may have now or in the future against D6, its members, managers, officer, employees, contractors, representative, successors, and assigns and their respective relatives, assigns, representatives, guardians, and estates ("Released Persons"); (f) agree to indemnify and hold harmless each Released Person from any and all claims, demands, causes of action, losses, damages, and liabilities (including attorney fees and costs) which are in any way connected with your receiving the Training and using the Equipment; (g) consent to being photographed and/or video recorded while receiving the Training and using the Equipment for D6 documentation and/or marketing purposes, and (h) agree that D6 will not be responsible for any lost or stolen valuables.

By signing below, You affirm that You have read this Waiver and Release and agree to be bound by its terms.

Print Name: _____

Signature: _____

Parent/Guardian Signature: _____
(if You are under 18 years of age)

Raymond School District Policy – EEAF-R*

STUDENT OVERNIGHT TRAVEL

School: Raymond HS

Organization: Athletics

Faculty Advisor: D. Brazee / D. Langlois

Sponsor (if other): _____

Destination: Mt. Washington Resort

Dates: Departure: March 15 Return: March 16

Any Days of School Missed?: Yes

How Many?: two

Insurance Coverage
By Travel Group

~~Insurance Agency: _____~~

~~Attach Copy~~

~~Certificate of Insurance: _____~~

~~Number of Insurance Certificate~~

~~Amount: _____~~

Cost Per Student: \$ 125⁰⁰ Total Number of Students: May 8

Cost to School: \$ 125⁰⁰ Total Number of Chaperons: May 2

(if any) NO cost to school district

Transportation Provided by: First Student

Fully Insured: - Name of Insurance Co. National Union Fire Insurance Co of Pittsburg

Educational Purpose of Trip: Student Athlete Leadership

Conference - Building our future leaders

Detailed Itinerary: (Use attached sheet if necessary)

See attachments

Reviewed: May 16, 2002

Raymond School District, SAU 33
FIELD TRIP PERMISSION SLIP (Overnight)
Raymond High School
ACKNOWLEDGEMENT OF WARNING AND CONSENT AGREEMENT

I/We, _____ am/are the parent(s) or guardian(s)

of _____, a student, who desires to participate in the following

school activity: NH Student-Athlete Leadership Conference

Date of Event: MARCH 15-16 2015 Cost to Student: \$ 0

Rain Date: _____

Departure Time: 7:00AM (est) Return Time: 4:00PM (est)

Teacher(s) in charge: DAVINNEY BRAZEAU + DAVE LANGLOIS

Lunch Arrangements: Provided

I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity has risks of injury associated for those who participate, including transportation from and to the school campus. Although the school staff will endeavor to provide each participant with due care, the school cannot ensure that my/our child will remain free of injury. If the returning time is after school hours, I will be responsible for my child's transportation home from the school. Students will not drive.

I/We understand the school cannot ensure the safety for children and that the school's obligation is to take reasonable precautions for safety and well being. Our child also has a responsibility for his/her safety and the safety of others.

I/We acknowledge that I/we must provide the staff with any medical or other information which I/we feel is important for the school to know about our son/daughter. This information must be kept confidential. I/We will provide medical and any other information on our child prior to the start of this activity. The School district will rely on me/us to provide this additional information.

I/We acknowledge that in an emergency the school will make every effort to contact one of us. In the event the school is unable to do so, I/we authorize any medical treatment deemed necessary by a physician, hospital or other health care provider be provided to my/our child. I/We also give permission for the transport of my/our child to/from a doctor and/or hospital by an ambulance.

I/We acknowledge my/our child must adhere to all rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.

I do hereby release the Raymond School District, its agents and employees, from any and all liability and claim either we or my child may suffer as a result of participation in this trip.

Parent(s) or Guardian(s) Signature Date

Address: _____

Telephone: Home/Cell _____

Telephone: Work _____

Instructions:

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, complete one form per child

May 2015