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| **Missouri DECA Comprehensive Consent Form** | *2018-2019* |

The Missouri Association of DECA requires each delegate attending a state association approved conference to read and complete this form and return it to the Chapter Advisor as partial completion of the registration requirements. Completion and signing of this form indicate that the DECA member, DECA member’s parent or guardian, school administrator, and chapter advisor have read this form and approve its contents. Consent and approval indicated by the signing parties are applicable to the following Missouri DECA activities:

**Fall Leadership and State Officer Election Conference** — **Hilton Branson Convention Center • October 13-14, 2019**

**State Officer Training Conference** — **DoubleTree Hilton Hotel, Jefferson City • September 7-8, 2019**

**Central Region Leadership Conference** — **Minneapolis, MN • December 6-8, 2019**

**State CDC Planning Meeting** — **Kansas City • January 11-12, 2020**

**Missouri ACTE Legislative Day** — **Jefferson City • February 12, 2020**

**State DECA Career Development Conference** — **Kansas City • March 22-24, 2020**

**International DECA Career Development Conference** — **Nashville, TN • April 28-May 3, 2020**

## TRAVEL CONSENT

I hereby give my son  daughter , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to participate in the Missouri DECA activities listed above.

## MEDICAL CONSENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_,

(Name of Parent Guardian) (Relationship to Member) (Name of Member) (Age)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
 (Complete Home Address, Including Zip Code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize in advance any necessary medical treatment required by my

(Home Phone Number)

son/daughter listed above while he/she is absent from home while participating in any of the activities listed above.

Parent’s work phone number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s cell phone number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make a copy of both the front**

**and back of your health insurance company card**

**and attach to this document.**

## INTERNET CONSENT

I hereby give Missouri DECA permission to post the name and pictures of the above member on the Missouri DECA

website for DECA related activities.

If you do **not** want your name or picture posted to the website, sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DELEGATE CONDUCT PRACTICES AND PROCEDURES

1. The term “delegate” shall mean any DECA member, including advisors, attending Missouri DECA approved activities.
2. There shall be no defacing of public property. Any damages to any property or furnishing in the hotel rooms or building must be paid for the individual or chapter responsible.
3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.
4. Delegates should be prompt and ready for all activities and financially prepared for all possibilities.
5. No alcoholic beverages or narcotics in any form shall be possessed by delegates at any time, under any circumstances.
6. No smoking will be permitted.
7. No delegates shall leave the conference site (except for authorized activities) unless permission has been received from the Chapter Advisor.
8. Delegates are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
9. Identification badges will be worn at all times, and competitors must be prepared to show picture identification.
10. Appropriate dress of businesslike attire is expected. DECA blazers are proper for any conference activity.
11. Chapters will be responsible for delegates’ conduct.
12. No boys in girls’ rooms, no girls in boys’ rooms without the door wide open and permission of Chapter Advisor or chaperone.
13. Students are not allowed to drive to any State, Regional or International DECA event. All delegates (including advisors) to these conferences are expected to travel as a delegation, attend the entire conference and complete all conference activities.
14. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive events participants being disqualified. Individual delegates may be sent home immediately at their own expense. Curfew will be enforced. Curfew means delegates will be in assigned rooms.
15. Delegates shall not engage in any lewd, indecent, sexual, or obscene act or expression. Delegates shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, creed, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

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*I approve the student named on page 1 to attend and travel to the Career Development Conference and other listed activities of DECA. I realize that violation of any rules can result in the immediate return of the student, at his or her own expense, to his/her home community. It is the responsibility of the parent/guardian to meet the delegate at the airport, bus terminal, etc., should it be necessary to send the delegate home.*

*Furthermore, I have read and fully understand the Missouri DECA Delegate Conduct Practices and Procedures and agree to comply with these conduct guidelines. I am aware of the consequences that will result from violation of any of the above guidelines.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DECA Member Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chapter Advisor Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School Official Signature) (Date)

**(SIGNATURES REQUIRED)**

**STUDENT PERMISSION/WAIVER FORM**

**Code of Conduct Agreement, Permission to Participate in Activities, Media Authorization**

**Release of Liability, Emergency Medical Treatment Authorization:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Email: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ \_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_ \_\_

This is to certify has my permission to attend all Missouri DECA sponsored activities for the \_\_\_\_\_\_\_\_ School Year. I also release ***Missouri DECA*,** the school officials, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DECAchapter advisor \_\_\_\_\_\_\_\_\_\_\_, conference staff, and ***Missouri DECA*** staff and volunteers from any claims for personal injuries/damages which might be sustained while (s)he is traveling to and from an event or during a Missouri DECA sponsored activity.

I certify that my child is a swimmer / non-swimmer. I give permission for them to participate in aquatic activities. **(CIRCLE ONE)**

I give permission to ***Missouri DECA*** and its staff, volunteers, and sponsors, and local or state Department of Education to use the student’s name and likeness (including photos, videos or quotes) in publications, productions, and social media and on websites for informational, promotional or other **Missouri DECA** purposes without further contact.

I acknowledge and understand that the chapter advisor establishes the guidelines for individual students to attend and participate at all ***Missouri DECA*** events.

I authorize the above named advisor or Missouri DECA staff to secure the services of a doctor or hospital for ( \_\_\_\_\_\_\_). I will pay the expenses for necessary services in the event of accident or illness.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Adviser Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_