

STUDENT CODE OF CONDUCT

Student Conduct Practices and Procedures

Print Student's Name: _____

Print Student's School: _____

1. There shall be no defacing of property. Any damages to the property or furnishings in the hotel rooms or buildings must be paid for by the individual responsible.
2. Students shall keep their advisor and chaperone informed of their activities and whereabouts AT ALL TIMES.
3. Students should be prompt and prepared for all activities.
4. Students should be financially prepared for all responsibilities.
5. Students not staying at the Sheraton Four Seasons shall be off the grounds of the hotel by curfew or immediately following the last scheduled event.
6. NO ALCOHOLIC BEVERAGES OR NARCOTICS IN ANY FORM SHALL BE POSSESSED BY PARTICIPANTS AT ANY TIME, UNDER ANY CIRCUMSTANCES.
7. Out of common courtesy to the general public, smoking will not be permitted by any student representing NC-TSA.
8. No student shall leave the hotel (except for authorized events) unless permission has been received from their chapter advisor.
9. Students 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.
10. Identification nametags shall be worn at all times during the conference.
11. Chapter advisors and chaperons will be accountable for students' conduct.
12. Students violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their officer candidates and competitive events' participants being disqualified. Individual students may be sent home immediately at their own expense. CURFEW WILL BE ENFORCED! **(Curfew means students must be in assigned rooms during the designated time.)**
13. Casual wear will be accepted during specific social functions as designated.

"I have read and fully understand the NC-TSA State Conference Code of Conduct and agree to comply with these guidelines."

Student's Signature: _____ Date _____

"Approval for the student named above to attend the 40th NCTSA State Conference, at the Sheraton Four Seasons, Greensboro, North Carolina is hereby granted."

Parent or Guardian's Signature: _____ Date _____

This form must be returned with registration ...one form per student participant.

~ **NAME TAGS AND WRISTBANDS MUST BE WORN AT ALL TIMES DURING CONFERENCE!**

~ **THERE WILL BE A FIVE-DOLLAR {\$5.00} REPLACEMENT FEE FOR EITHER NAME TAGS OR WRISTBANDS!**

North Carolina Technology Student Association

Personal Liability and Medical Release Form

Name of Participant: _____
Please Print

Name of Chapter: _____

NOTE: STUDENT AND PARENT(S) MUST SIGN THIS FORM

Having read and completely understood the "Student Code of Conduct" for the North Carolina Technology Student Association, Inc., I do hereby agree to follow the conduct described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning, and at all times uphold the fine qualities of a person representing the North Carolina Technology Student Association, Inc.

Participant _____ Date _____
Signature

AND

I hereby agree to release the North Carolina Technology Student Association, Inc., its representatives, agents, servants, and employees from liability for any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while attending the annual North Carolina Technology Student Association State Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants and employees.

AND

I do voluntarily authorize NCTSA State Conference supervisors, assistants and/or designee to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless the NCTSA State Conference coordinators, the North Carolina-Technology Student Association, Inc., and said medical service coordinator and/or assistants and designees from any and all claims, demands, actions, rights of action, on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Parent or Guardian _____ Date _____
Signature

Home Phone #:(Area Code) _____ - _____ - _____

Work Phone #:(Area Code) _____ - _____ - _____

Cell Phone #:(Area Code) _____ - _____ - _____

Health Care Provider _____ Policy # _____

I DO NOT give NCTSA the right to publish a photograph of my child for publicity purposes.

I DO NOT give NCTSA the right to collect self-reported data for educational purposes from my child.