



## ARIZONA FCCLA CONSENT FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
School/Region

Check One:

\_\_\_\_\_ State Officer

\_\_\_\_\_ Chapter Member

\_\_\_\_\_ Advisor

\_\_\_\_\_ Guest

### **PURPOSE:**

In consideration of the Arizona Department of Education (ADE), Arizona Department of Education Career and Technical Education Department, (ADE-CTE), Arizona Family, Career and Community Leaders of America (AZ FCCLA), and national FCCLA (FCCLA), this form, complete with all information and signatures required, must be submitted by each Family and Consumer Sciences Education student prior to attending any Area, State, and/or National FCCLA Event. It is *recommended* that this form be on file in each local school by September 15 and that it be maintained on file. Additionally, the Family and Consumer Sciences Education instructor/chapter advisors have assured the state office by completing and signing the *AZ FCCLA Statement of Assurance Advisor Form* that this form will travel with the advisor and/or appointed district chaperone to each activity in relation to any or all FCCLA related events.

Completion and signing of this document indicates that the student, parent or guardian, advisor, and Principal have read this form and approve of its contents. In addition, each advisor is still responsible for filling out the proper paperwork for their district when attending any FCCLA event whether it is local, state, and/or national. Completion and signing of this document provides consent for:

1. Student attendance at and travel to and from conferences/activities as specified below:
2. Emergency medical treatment.
3. Student abiding by the conduct code.
4. Student abiding by the dress code.
5. Waiver of liability.
6. Photo/video release.

### **PHILOSOPHY:**

It is a **privilege** and an honor for a student to attend local, state, national FCCLA, Arizona Department of Education (ADE), and the Arizona Department of Education Career and Technical Education department (CTE-ADE) events. As such, each student has the unique opportunity to represent his/her school, community, and family as a business professional. Students are expected to follow all *Rules and Regulations* stated herein. In cases of uncertainty, the student should confer with his/her advisor or chaperone **prior** to acting, since ignorance of *Rules and Regulations* will not be considered an acceptable excuse. Teachers, chaperones, and state staff assume the responsibility of enforcing all *Rules and Regulations* to ensure the safety and well-being of all students.

### **CONFERENCES:**

- FCCLA Fall Leadership Conference.
- FCCLA Spring Leadership Conference.
- FCCLA National Leadership Conference.
- FCCLA Fall Leadership Camp.
- Other workshops, seminar, and activities sponsored Arizona FCCLA, ADE, and ADE-CTE.

**SPECIAL NEEDS:** Arizona FCCLA recognizes the special needs of our members. If any member has a special need that will require accommodations of any type, *the member/advisor is required to inform the Arizona FCCLA State Advisor* at [Kimberly.Spitali@azed.gov](mailto:Kimberly.Spitali@azed.gov) prior to any event so accommodations can be made.



**CONDUCT CODE:** Participation in Arizona FCCLA activities provides an opportunity for students to interact with business professionals, adult FCCLA supporters, other FCCLA members, and the general public. As a result of establishing a positive, ethical, and professional image, many businesses, civic organizations, and individuals provide financial and human resources to FCCLA and its student members. Once again, should you have a question concerning what constitutes acceptable behavior, ask your advisor or chaperone prior to making a decision. FCCLA values its reputation and asks that you help maintain it. The following Conduct Code has been established and is enforced at all area, state, and national FCCLA conferences and activities:

- GENERAL POLICIES:**
- Be prompt and prepared for all activities.
  - Wear identification badges at all conference activities.
  - Attend all general sessions and meeting activities.
  - Keep advisor/chaperone informed of whereabouts at all times.
  - Show respect for rights and property of others. Damages to property or furnishings shall be paid for by the responsible individual or Chapter.
  - Adhere to the dress code at all times.
  - Refrain from loud, boisterous talk, swearing, and horseplay.
  - Demonstrate sportsmanship in the leadership and skills competition, and meetings.
  - Observe the rules and regulations established by those in charge of the meetings and conferences.
  - Refrain from possessing and/or consuming alcoholic beverages, cigarettes, or illegal drugs.
  - Refrain from any other act which brings criticism or discredit to Arizona FCCLA and/or Chapter which the member represents.

- HOTEL POLICIES:**
- Be in respective hotel rooms by established curfew. Check with your advisor for time.
  - Refrain from allowing members of the opposite sex in sleeping rooms (exceptions to this rule can be made by the State FCCLA Advisor or local advisor for special meetings).
  - Remain in hotel (except for authorized events) unless prior permission has been received from advisor/chaperone.
  - Leave hotel grounds by curfew or immediately following last scheduled event if not registered at the hotel.
  - Refrain from using the telephone after curfew.
  - If a swimming pool, Jacuzzi, sauna, etc. is available for student use, the following dress is appropriate **ONLY** when traveling to and from and when using such facilities: Robe or t-shirt, swimming suit, shoes, or sandals. **NOTE: Under no circumstances are students permitted in the hotel lobby or in any other portion of conference facilities or surrounding area in Pool Attire.**

**TRAVEL AND ATTENDANCE:** We, as indicated by our signatures below, hereby give my son/daughter permission to attend and travel to and from the conference/activities referenced on this form.

**CONDUCT CODE:** We, as indicated by our signatures below, have read, will comply, and assist with the enforcement of the Conduct Code.

**DRESS CODE:** We, as indicated by our signatures below, have read, will comply, and will assist with the enforcement of the Dress Code that can be found posted on the [www.AZFCCLA.org](http://www.AZFCCLA.org) website.

**WAIVER OF LIABILITY:** We, as indicated by our signatures below, agree to waive the liability of Arizona FCCLA and its staff, the Arizona Department of Education, the Family and Consumer Sciences Education instructor/advisor and chaperones for accident or illness occurring during transit or while participating in the conferences/activities listed on this form.



**USE OF PHOTOGRAPHS:** Arizona FCCLA has full privilege in the use of photographs and/or images of Arizona FCCLA members to further educate and promote the goals of the organization from all AZ FCCLA related events as stated in the AZ FCCLA Photo Release Form.

**NATIONAL LEADERSHIP MEETING:** Winning individuals and teams announced at Spring Leadership Conference will be eligible to compete at the National Leadership Meeting.

**A delegate violating the rules of personal conduct or the instructions of his/her advisors may lose all rights to future FCCLA activities, may subject him/herself to being disqualified from competition and removed from positions of prominence. If a violation occurs, parents may be notified and be responsible for the return of student at the parents' expense. Such violations and penalties are listed below:**

**LEVEL ONE VIOLATIONS:** The following have been identified as **extremely serious** violations:

1. Violation of any city, state, or federal law.
2. Possession, consumption, transportation, or purchase of any alcoholic beverage or illegal drug. If alcoholic beverages and/or illegal drugs or evidence of their use are found in a hotel room, all occupants of that room shall be **subjected to the penalties** described below.
3. Defacing, damaging, or stealing public or private property.
4. Failure to attend conference activities, including competitive events, general sessions, and special meetings.
5. Male in female's room or female in male's room **WITHOUT AN OPEN DOOR** and without the permission of a chapter advisor or chaperone.
6. Missing curfew by more than 30 minutes. Curfew means being in your assigned room with the door closed and noise kept at a minimum. If you are not staying in the hotel, curfew means that you have left the hotel grounds by the stated time.
7. Throwing any object from a hotel window or vehicle.
8. Inviting or having non-FCCLA members or unregistered individuals in your hotel room at a conference activity.
9. Rudeness or insubordination.
10. Repeated violation Level Two Conduct Codes.
11. Violations not mentioned as identified by the advisor, chaperone, state staff, and/or school official.

**LEVEL ONE PENALTIES:**

1. Expulsion from the conference.
2. Notification of the parent or guardian.
3. Notification of a school official.
4. Student, parent/guardian, and advisor must immediately arrange and pay for alternate travel plans to return home.
5. Forfeiture of all awards, moneys, scholarships, travel grants, and future opportunities to participate in Arizona FCCLA activities.
6. Other penalties at the discretion of the advisor, chaperone, school official, or state staff.

**LEVEL TWO VIOLATIONS:** The following have been identified as less serious violations **but, if repeated**, student may be subjected to penalties similar or equal to those prescribed for Level One Violations:

1. Failure to follow the Arizona FCCLA Dress Code.
2. Smoking in public during the conference.
3. Failure to wear identification during the conference.
4. Tardiness to conference activities. If tardy by 30 minutes or more, a Level one penalty applies.
5. Leaving the conference site without the knowledge of your advisor or chaperone.
6. Missing curfew by less than 30 minutes and by not being in your assigned room with your door closed and noise kept to a minimum.



7. Disturbing other hotel guests by excessive noise, door slamming, etc. which results in two such complaints to the hotel management results in a Level One penalty for all occupants of the room or facility.
8. Other violations not mentioned above but identified by the advisor, chaperone, state staff, or school official.

**LEVEL TWO PENALTIES:**

1. Verbal and written warning and immediate compliance with conference rules.
2. Notification of chapter advisor and State FCCLA Staff.
3. Repeat violations or the violation of another Level Two Code may result in Level One penalties.

**SIGNATURES:**

**I have read the above requirements and violations above and am aware of the penalties for noncompliance of them.**

_____	_____
Student Signature	Date
_____	_____
Parent Signature	Date
_____	_____
Teacher Signature	Date
_____	_____
Administrator Signature	Date



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIABILITY AND PHOTOGRAPHIC RELEASE**

In consideration of the Arizona Department of Education (ADE), Arizona Department of Education Career and Technical Education Department (ADE-CTE), Arizona Family, Career and Community Leaders of America (AZ FCCLA), and/or Association for Career and Technical Education of Arizona (ACTEAZ) agreeing to photograph or interview me and in consideration of the use of the facilities and services provided to me by ADE/ADE-CTE/AZ FCCLA/ACTEAZ, the undersigned, both individually and on behalf of the undersigned's children, spouses, heir, and legal representatives, does hereby:

1. Consent to the use and release to ADE/ADE-CTE/ AZ FCCLA/ACTEAZ the use of my name and my likeness, ( \_\_\_\_\_ ) (name) whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business, or other purpose whatsoever. ADE/ADE-CTE/AZ FCCLA/ACTEAZ may exercise its rights in any way it sees fit for its productions, for advertising, and for other purposes. I intend for ADE/ADE-CTE/AZ FCCLA/ACTEAZ to rely upon this release and understand that it is irrevocable; and
2. Agrees to release, not to sue, and to indemnify and hold harmless ADE/ADE-CTE/AZ FCCLA/ACTEAZ for, from, and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind, or nature whatsoever (including attorneys' fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself as a result of any loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic productions of ADE/ADE-CTE/AZ FCCLA/ACTEAZ.

The undersigned further agrees that the Arizona Department of Education (ADE), Arizona Department of Education Career and Technical Education Department (ADE-CTE), Arizona Family, Career and Community Leaders of America (AZ FCCLA), and/or Association for Career and Technical Education of Arizona (ACTEAZ) may use or cause to be used these items for any and all broadcasts, publications, or reproductions without limitation or reservation or any fee.

Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Participant

Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian (Undersigned)



<b>Name</b> <b>Check One:</b>  <input type="checkbox"/> State Officer <input type="checkbox"/> Chapter Member <input type="checkbox"/> Advisor <input type="checkbox"/> Guest	<b>School/Region</b>
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**Medical Information**

**Directions:** Due to legal restrictions, it is necessary that all students, advisors and guests complete this form as a prerequisite for eligibility to attend any AZ FCCLA event. This form is a portion of the Consent Form and must be carried by advisors during any AZ FCCLA related events.

**PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED:**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 School Name: \_\_\_\_\_

**TO PARENTS OF RESPONSIBLE PERSON (If participant is under the age of 18) To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:**

Student's Parent/Guardian:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Participant is covered by medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete below:**

Name of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participant's Family Physician : \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please completely describe any medical condition that may recur or be a factor in your medical treatment.**

- a. Allergy: \_\_\_\_\_
- b. Physical Handicap: \_\_\_\_\_
- c. Convulsions: \_\_\_\_\_
- d. Medicine Reactions: \_\_\_\_\_
- e. Blackout: \_\_\_\_\_
- f. Disease of any kind: \_\_\_\_\_
- g. Heart or Lung Problems: \_\_\_\_\_
- h. Other (Please be specific): \_\_\_\_\_



**If currently taking medications, please provide the following information:**

- a. Name of Medication: \_\_\_\_\_
- b. Daily dosage: \_\_\_\_\_

**Please check all that apply and sign your name:**

- \_\_\_\_\_ a. I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- \_\_\_\_\_ b. I give permission for the admission to the hospital
- \_\_\_\_\_ c. I do not give permission for medical treatment until parent/guardian has been contacted.

We authorize the AZ Family, Career and Community Leaders of America through its agents, employees, chaperones, and the advisor representing \_\_\_\_\_ school district to direct and supervise our child, to secure any medical or other emergency services which in their reasonable discretion they believe to be necessary or desirable for our child during any AZ FCCLA event and to arrange for and provide transportation for the said student to and from the meeting and to destinations during the course of the 2012-2013 school year. Said transportation may involve public transportation, transportation in a school vehicle or a private vehicle, or a combination thereof.

We do hereby release and discharge and agree to indemnify and save harmless the AZ Family, Career and Community Leaders of America, person's serving as employees, agents, and chaperones of the AZ FCCLA and the representatives from the \_\_\_\_\_ School District from all claims, causes of action, damages, and liabilities whatsoever which might or could be asserted by us, or by or on behalf of our said child or against us or our child by others by reason for the exercise of the authority in this document or any other transaction, occurrence, or event arising out of or related in any way to the trip to and from the specified meetings listed in the Consent Form.

Student's Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or Adult Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_