

COLORADO FCCLA POLICIES AND DISCIPLINARY PROCEDURES

For Members While in Attendance at District, State, Regional, and National Activities

Code of Conduct and Verification Statement

I understand that if a violation of the Code of Conduct occurs, I may be subject to disciplinary action at the discretion of the Local Adviser/sponsor and state CTSO Specialist and may be sent home at my own expense. I understand all school district policies may apply.

Causes for disciplinary action to be taken:

- A. Defacing or damaging public property (including pulling fire alarms).
- B. Possession, consumption or under influence of alcoholic beverages or controlled substances (drugs), other than those prescribed by a physician.
- C. Violation of school and/or hotel tobacco policies.
- D. Violation of dress code as stated in the conference policies or Call to Conference.
- E. Violation of curfew as stated in program.
- F. Person of opposite sex in room without adviser present. **NO EXCEPTIONS**, even with the door open!
- G. Violation of harassment policies.
- H. Other actions that bring criticism or discredit to Colorado FCCLA or violate Colorado FCCLA Policies and Procedures.

Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action including, but not limited to, competitive event disqualification, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FCCLA reserves the right to notify law enforcement. Any Code of Conduct violation must be brought to the attention of the State Adviser prior to the conclusion of the conference. Disciplinary decisions will be made by Chapter Adviser(s) and/or local administrator.

This is to acknowledge I have read and understand the FCCLA Policies and Procedures, Code of Conduct and conference Dress Code.

Student Print Name	Signature	Date
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I understand that my child could be sent home at my expense should disciplinary action need to be taken.

Parent/Guardian Print Name	Signature	Date
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Home Address	City	State	Zip
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Home Phone No.	Cell Phone No.
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Chapter Adviser Print Name	Signature	Date
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Building Administrator Print Name	Signature	Date
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RETURN COMPLETED FORM TO CHAPTER ADVISER