



SECTION 18 – COLORADO MEMBERSHIP FORMS

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

STUDENT MULTIPLE RELEASE FORM

A separate form for each student is required at all state sponsored activities

Student Name _____ Adviser Name _____ School Name _____

Date of Activities: August 1, 2015 to July 31, 2016

PARTICIPATION ACKNOWLEDGEMENT

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/ delegate and has received instructions concerning the organization rules at state authorized activities.

Adviser Print Name _____ Signature _____ Date _____

I, the student, do hereby verify that I have received the above information.

Student Print Name _____ Signature _____ Date _____

MEDICAL RELEASE

I hereby authorize in advance any necessary medical treatment required for this student.

Parent/ Guardian Print Name _____ Signature _____ Date _____

This student is presently under medical care. Yes No

If yes, explain: _____

Relationship to the student: _____

Home Phone No.: _____ Cell Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

FCCLA RELEASE

I agree not to hold Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Parent/Guardian Print Name _____ Signature _____ Date _____

Student Print Name _____ Signature _____ Date _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, any and all photographs/digital images/videotapes/recordings of this student taken at various locations, for use by the Colorado Community College System, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes and recordings in conjunction with (individual's name) I also give permission for these photographs/digital images/videotapes/recordings to be used in its entirety and/or edited version as deemed necessary by the Colorado Community College System (to include usage of images on Career and Technical Student Organizations websites). Furthermore, permission is also given for the photographs/digital/images/videotapes/recordings to be used by the Colorado Community College System at any time in the future without further clearance from me. I understand that these photographs/digital images/videotapes/recordings may be used for marketing purposes (including websites) by the Colorado Community College System.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Parent/Guardian Print Name _____ Signature _____ Date _____

Student Print Name _____ Signature _____ Date _____

ADULT MUTIPLE RELEASE FORM

A separate form for each adult is required at all state sponsored activities

Adviser/Chaperone/Administrator Name

School Name

Date of Activities: August 1, 2015 to July 31, 2016

PARTICIPATION ACKNOWLEDGEMENT

I, the Adviser, hereby certify that this adult has been authorized to attend this state sponsored activity and has received instructions concerning the organization rules at state authorized activities.

Adviser Print Name

Signature

Date

I, the adult, do hereby verify that I have received the above information.

Adviser/Chaperone/Administrator Print Name

Signature

Date

MEDICAL RELEASE

I hereby authorize in advance any necessary medical treatment required for myself.

Adviser/Chaperone/Administrator Print Name

Signature

Date

I am currently under medical care. Yes No

If yes, explain: _____

Emergency Contact Person: _____

Home Phone No.: _____

Cell Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

FCCLA RELEASE

I agree not to hold Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Adviser/Chaperone/Administrator Print Name

Signature

Date

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, any and all photographs/digital images/videotapes/recordings of me taken at various locations, for use by the Colorado Community College System, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes and recordings in conjunction with (individual's name) I also give permission for these photographs/digital images/videotapes/recordings to be used in its entirety and/or edited version as deemed necessary by the Colorado Community College System (to include usage of images on Career and Technical Student Organizations websites). Furthermore, permission is also given for the photographs/digital/images/videotapes/recordings to be used by the Colorado Community College System at any time in the future without further clearance from me. I understand that these photographs/digital images/videotapes/recordings may be used for marketing purposes (including websites) by the Colorado Community College System.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Adviser/Chaperone/Administrator Print Name

Signature

Date

LEADERSHIP PROJECT PLANNING SHEET

Name: _____ Class: _____

FCCLA Purpose: _____

Approved Activity: _____

Time	Activity	Method	Who is Responsible	Resources

Equipment Needed: _____

Approved Expenses: _____

Total Time Needed: _____

Approved Activity is to be conducted on: _____
Date

Special Room Arrangements:

Comments:

STUDENT EVALUATOR APPLICATION

DUE DATE: DECEMBER 15

Please type or print

Name Grade

Email Address

School:

Address:

School Phone No.: City: Zip:

Event(s) Requested

Check one: Employed or have been in a related job
 Participated in event before
 Enrolled in related FACS class

Prior experience with this event:

Related experience in the event:

I understand that my chapter may not have an evaluator and participant in the same event. I also am aware that if I am chosen as a Student Evaluator, it is imperative that I be present all day during events.

Student Print Name Signature Date

Adviser Print Name Signature Date