Texas Technology Students Association Code of Behavior

1. Teachers/advisors will assume full responsibility that delegates abide by the Texas TSA dress code and code of behavior at all times including travel to and from conference.

2. All participants shall behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or TSA. Participants should wear name badges at all times except in sleeping quarters.

3. Participants shall be fully clothed at all times outside of living quarters. This includes movement between rooms.

4. Participants agree not to consume or have in possession any alcoholic beverages or non-prescription narcotics, gamble, smoke or use other tobacco products during the conference.

5. Any conduct that is not conducive to an educational conference will not be tolerated. Examples of unacceptable conduct include, but are not limited to, disrupting a businesslike atmosphere, consorting with non-conference individuals or any activities which will endanger self or others.

6. Participants are expected to attend all general sessions. Participants shall keep their advisors informed of their activities and whereabouts at all times.

7. Participants shall observe the curfew hour. It is the responsibility of the teacher /advisor to ensure compliance with this article.

8. Participants shall refrain from all types of roughhousing including dropping articles out of the windows. Participants understand that girls’ cabins are off limits to boys and boys’ cabins are off limits for girls unless an advisor is present. Chapters found in violation will be asked to leave.

9. Participants shall respect the camp property of which they are a guest and will pay for any property damage or loss that occurs due to their stay during the conference.

10. Participants shall not use portable stereos or other loud music making devices outside their rooms and will keep the volume low while they are in rooms. It is hoped that each student attending the conference will take this Code of Behavior with a positive attitude so that technology education in Texas will continue to have the respect of education, business people and the general public.

Student’s Signature______________________________________  School___________________________

I have read and understand the Code of Behavior. I have informed my son/daughter of the importance of his/her conforming to its provisions.

Date______________  Parent’s Signature______________________________________________________

I have read and understand the Code of Behavior. I have informed my students of the importance of his/her conforming to its provisions. I have reminded them also that an infraction will be reported to me by the TSA State Officer Coordinator or the State TSA Advisor who has the authority to take prudent disciplinary action as he or she sees fit.

Date________________  Principal’s Signature___________________________________________________________

I have read and understand the Code of Behavior. I have instructed my students of the importance of his/her conforming to its provisions. I understand that I am responsible for said student’s actions while participating at the conference.

Date________________  Advisor’s Signature____________________________________________________________
**Personal Liability / Medical Release / Photograph Release**

Name____________________________________  Home Telephone____________________________

Home Street Address_____________________________ City/State/Zip_________________________

Date of Birth_________________________    Advisor_______________________________________

School_____________________________________________________________________________

School Street Address_________________________________________________________________

City/State/Zip_______________________________________ Telephone_______________________

MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise)_________________________________________________________

2. Current medication_________________________________________________________________

3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.

4. Physician’s name Physician’s telephone ____________________________

“I hereby agree to release the Texas Technology Student Association, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the Texas TSA Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.”

“I do voluntarily authorize the Texas Technology Student Association’s local chapter advisors, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.”

“I agree to indemnify and hold harmless the Texas Technology Student Association and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.”

“I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/ her judgment is deemed necessary in the care of the above named person (child or student) while attending the Texas TSA Activity, including time traveling to and from the conference.”

“I permit Texas TSA to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications.”

___________________________________________    ________________________
Signature of parent or guardian (if child or student)  Date

___________________________________________    ________________________
Participant’s or advisor’s signature  Date

A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE EVENT AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.