

## Competitor Participant Code of Conduct Regional Leadership Competitions – December & January

The HOSA State Office requires that each attendee read the Code of Conduct. Each student member must then submit a completed copy of the Student Authorization Form to their chapter advisor. Completed forms should be retained by the chapter advisor prior to the event to ensure the student has permission to attend the HOSA Regional Leadership Competitions.

- 1. The term "participant" shall mean any HOSA member participating in competition.
- 2. The attendee shall be an affiliated member and registered participant to compete. Attendees are encouraged to attend all sessions and follow competition rules and procedures. Participants will maintain a standard of ethics when competing and not reveal sensitive information to other competitors.
- 3. Student members shall acquire permission from their chapter advisors and parent/guardian to participate. Due to this being a local online event, the participant form shall be completed, collected, and maintained at the discretion of the local chapter and school.
- 4. Attendees will be prompt for all sessions and follow all competitive events policies, procedures, deadlines, and be familiar with modifications to events at:
  - a. <a href="https://www.wihosa.org/competitive-events">https://www.wihosa.org/competitive-events</a>
  - b. <a href="https://www.wihosa.org/regional-leadership-conferences">https://www.wihosa.org/regional-leadership-conferences</a>
  - c. All CE-related questions can be directed to contactus@wihosa.org
- 5. No alcoholic beverages, tobacco, controlled substances, narcotics, etc., shall be possessed or consumed by attendees at any time, under any circumstances during participation in HOSA activities.
- 6. Participants agree to always conduct themselves in a professional and ethical manner and are expected to help ensure a safe and positive experience for everyone.
- 7. Unacceptable behavior will not be tolerated during any portion of the virtual event. Unacceptable behavior includes but is not limited to: intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions, harmful or prejudicial verbal or written comments or visual images related to gender, sexual orientation, race, religion, disability or other personal characteristics, including those protected by law, nudity and/or sexual images which are explicitly prohibited, real or implied threat of professional or financial damage or harm, inappropriate disruption of competitions, photographing, video or audio recording of slides, oral presentations without presenter/author's permission, violating the rules and regulations of the online platform. Report inappropriate behavior to contactus@wihosa.org.

  Consequences of misconduct may include immediate removal from the event without warning, restrictions from future HOSA events, termination of HOSA membership or positions on HOSA Boards or Committees, and notification of appropriate authorities.
- 8. Participants who violate or ignore any of the event rules may be asked to leave the virtual event or will be removed by the session host. Parents, the chapter advisor, and school officials will be notified.
- 9. Student participants are responsible to follow their local school district rules of conduct.
- 10. Cell phone courtesy will be always expected. Participants should turn or silence off cell phones during sessions. General sessions may be recorded and shared with registered participants.

## Reminders Pertinent to Virtual Event Platform:

- Participant video cameras during competitions for live events are required, unless requested to be turned
  off. Attendees who are presenting with video should be dressed in a professional manner or HOSA branded attire.
- Please keep audio muted unless speaking. In the event of an audio interference, the participant may be muted by the host.
- If possible, change display name to attendee's first name, followed by chapter name in parentheses. Example: John (HOSA Central).

By attending any of the Wisconsin HOSA Regional Leadership Competitions, each participant is bound to this Code of Conduct and is subject to removal for violation of the terms and conditions.

## Wisconsin HOSA-Future Health Professionals Participant Authorization Form Regional Leadership Competitions



**Important! – Please Read:** This form must be completed by each student member and returned to their chapter advisor. Completed forms should be retained by the chapter advisor prior to the event to ensure the student has permission to attend local chapter online competitions.

Student Authorization				
l,	(print nar	<b>ne</b> ), an active	HOSA member, hav	e read and fully understand
the HOSA Participant Code of Conduct. I agreeviolate any of them. Furthermore, I understand				
Student Signature		Date Signed		
HOSA Chapter Name or School				
Chapter Advisor Authorization I certify that the HOSA member named on this Leadership Competitions. This student has rec				
of Conduct prior to this event.				· 
Advisor Name (print)	ame (print)  Advisor Signature			Date Signed
Parent/Guardian Authorization				
My child,event. I have read and understand the HOSA is responsibilities he/she has to abide by. I agree have the right to remove my son/daughter from become a detriment. I understand that my child Wisconsin HOSA and host site permission to understand that event content. I also authorize the expenses for necessary services in the event of understand that every effort will be made to su HOSA-Future Health Professionals, the School supervisory staff should an accident or injury of deliberate violation of the student's constitution employees not acting within the scope of their	Participant Co that school co the activity in d may be phouse such med the advisor to of an accident pervise my chall District of occur to the about	ode of Conductofficials, the characteristics of the characteristics	t and discussed with apter advisor(s), and es the Code of Concorded while attendinul purpose such as prvices of a physiciar gree to pay for any afrom liability the Winild. This consent is	Nor the state HOSA staff luct or his/her conduct has g this event, and give the publicity, illustration, or hospital and to incur the nd all costs incurred. I sconsin Association of, and any valid with the exception of
Parent/Guardian Name (print)	Parent/Gua	ardian Signatu	re	Date Signed
Daytime Phone # (area/number)	ea/number)		Cell Phone # (area/number)	
Student Insurance Company Name		Student Policy Number		