

Wisconsin HOSA 2024 Fall Leadership Conference

Attendee Code of Conduct & Participant Authorization Form



The Wisconsin HOSA State Office requires that each attendee read the **Code of Conduct**. Each student member must then submit a completed copy of the Participant Authorization Form to their chapter advisor. **Chapter advisors shall turn in completed forms to the Wisconsin HOSA State Office during registration and check-in at the Fall Leadership Conference.**

1. The term “attendee” shall mean any HOSA member, advisor, or guest attending the conference.
2. Student members shall acquire permission from their chapter advisors and parent/guardian to attend.
3. Attendees are required to attend all general sessions, assigned events or meetings, and conference activities. Attendees will be prompt and prepared for all activities.
4. Student attendees shall keep their advisors/chaperones always informed of their activities and whereabouts. Each local advisor should establish a system through which to meet this regulation and should share this information with students prior to attendance at the meeting/conference.
5. Identification badges will be worn at all conference events.
6. Appropriate business-like attire is required. Hats of any kind are not to be worn at any session, event, or meal. Exceptions are made for medical conditions or religious/cultural attire. Very casual clothing such as denim jeans, sweats, shorts, jerseys, cut-offs, pajama pants, T-shirts (except chapter t-shirts), and sport type attire cannot be worn at event functions.
7. Cell phone courtesy will be always expected. Attendees should turn or silence off cell phones during sessions. Conference sessions may be recorded and shared with all registered participants.
8. Attendees agree to always conduct themselves in a professional and ethical manner and follow the directives of official conference staff, other adult supervisors, and university/college staff. Attendees are expected to help ensure a safe and positive experience for everyone.
9. Attendees will be financially prepared for all possibilities.
10. Attendees shall not use their own cars or ride in vehicles belonging to others unless accompanied by an adult advisor/chaperone.
11. No alcoholic beverages, tobacco, controlled substances, narcotics, etc., in any form, shall be possessed or consumed by attendees at any time, under any circumstances during participation in HOSA activities.
12. There shall be no defacing of public property. Any damages to property or furnishings in the building or in the meeting/conference facilities must be paid by the individual or chapter responsible. Local chapters/schools will be billed directly by the meeting/conference site for any damages.
13. Attendees who violate or ignore any of the conference rules may be asked to leave the event or will be removed by security. Parents, the chapter advisor, and school officials will be notified.
14. Unacceptable behavior will not be tolerated during any portion of the conference. 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 conference, photographing, video or audio recording of slides, oral presentations without presenter/author’s permission. 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.
15. Student attendees are responsible for following their local school district rules of conduct.

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Participant Authorization Form - Fall Leadership Conference November 6 or 7, 2024

Important! Please Read: This form must be completed by each student member and returned to their chapter advisor. Completed forms shall be turned in to the Wisconsin HOSA State Office during registration and check-in at the Fall Leadership Conference. A copy of each form should be retained by the chapter advisor to ensure they have all necessary student information for informed consent and safety measures.

Student Authorization

I, _____ (**print name**), an active HOSA member, have read and fully understand the HOSA Attendee Code of Conduct. I agree to follow these rules and am aware of the consequences that will result if I violate any of them. Furthermore, I understand and appreciate the importance of these rules for the success of the conference.

Student Signature	Date Signed
HOSA Chapter Name or School	

Chapter Advisor Authorization

I certify that the HOSA member named on this form has been authorized to represent our chapter as a member at Leadership Conferences. This student has received information and instructions concerning the HOSA Attendee Code of Conduct prior to this event.

Advisor Name (print)	Advisor Signature	Date Signed
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Parent/Guardian Authorization

My child, _____ (**print name**), has my permission to participate in this HOSA event. I have read and understand the HOSA Attendee Code of Conduct and discussed with my child the rules and responsibilities he/she/they must abide by. I agree that school officials, the chapter advisor(s), and/or the Wi HOSA staff have the right to remove my son/daughter from the activity if he/she violates the Code of Conduct or his/her conduct has become a detriment. I understand that my child may be photographed/recorded while attending this event and give the Wisconsin HOSA and host site permission to use such media for any lawful purpose such as publicity, illustration, advertising, and web content. I also authorize the advisor to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness. I agree to pay for all costs incurred. I understand that every effort will be made to supervise my child. **I release from liability** the Wisconsin Department of Public Instruction, the Wisconsin Association of HOSA - Future Health Professionals, the hosting university/college, the School District of _____, and any supervisory staff should an accident or injury occur to the above-named child. This consent is valid except for deliberate violation of the student's constitutional rights or damage committed or injury incurred as a direct result of employees not acting within the scope of their employment.

Parent/Guardian Name (print)	Parent/Guardian Signature	Date Signed
Daytime Phone # (area/number)	Cell Phone # (area/number)	
Student Insurance Company Name	Student Policy Number	