

# Montana FCCLA Event Attendee Form

**Attendance:**

This is to certify that \_\_\_\_\_ has my permission to attend events hosted by Montana Family, Career and Community Leaders of America. I also do hereby on behalf of him/her/them absolve and release school officials, educator and FCCLA state staff from any claims for personal injuries or illnesses which might be sustained while he/she/they is traveling to and from the event.

**Code of Conduct:**

We have read and agree to abide by the Code of Conduct in its entirety. We agree that the school officials, educator, and/or Montana FCCLA staff have the right to send \_\_\_\_\_ home from the activity at our expense provided that he/she/they has violated the Code of Conduct and/or his/her/their conduct has become a detriment to the event experience.

**Emergency:**

I authorize the educator or other chaperoning adult to secure the services of a physical or hospital and to incur the expense for necessary services in the event of accident or illness, and I will provide payment for these costs. I understand that, when necessary, in the event of an emergency illness or injury, delegates will be transported to a local medical facility at the choice of the emergency medical professionals who respond.

Student Name \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Educator Name \_\_\_\_\_ Educator Cell Phone \_\_\_\_\_

**Primary Emergency Contact:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

**Secondary Emergency Contact:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Provide any medical information concerning this individual the group should be aware of (allergies, medications, etc):	
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Provide any behavioral information concerning this individual that the group should be aware of (illness during stressful periods, fear of heights, non-punctual, etc).	
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Insurance Company Name \_\_\_\_\_ Insurance Policy name \_\_\_\_\_

Signatures: By signing below, we agree to the Attendance, Code of Conduct and Emergency Information.

	Signature	Printed Name	Date
Student			
Parent or Guardian			
Educator			
School Administrator			



# MONTANA FCCLA STUDENT CODE OF CONDUCT

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1. Behavior at all times should reflect a positive, professional image of you, your school, the state of Montana and the FCCLA organization. Students are representatives of their school district. As such, they must comply with the Board of Trustees policies regarding student conduct.
2. Students will follow the approved Montana FCCLA Dress Code available on the Montana FCCLA website. Only students appropriately dressed will be allowed to participate. Students will wear their identification badge at all times.
3. Students shall attend, be on time and act in a professional manner at all general sessions, workshops and related activities in conjunction with the event for which they are registered.
4. Any accidents, injuries or illnesses should be reported to the adult chaperone/educator and state director immediately. A copy of this signed Code of Conduct and a medical release form will be retained by the school and one will be brought to the event by the educator/school representative.
5. All students will observe the curfew issued and be quiet in their assigned rooms. Unnecessary noise at any hour shall be avoided in respect to other guests. Hotel regulations must be observed; this includes pool conduct, hours, etc. (If applicable)
6. Students will keep their educator/adult chaperones informed of their activities and whereabouts at all times. The student shall spend the night or nights at the assigned hotel in his/her assigned room. Students are to remain on the conference premises unless permission to leave has been granted by the local educator/adult chaperone, and the student is in the company of an adult upon departure.
7. Students must refrain from the use or possession of illegal drugs, tobacco or alcohol in any form. Possession is defined as having in one's belongings such as a purse or luggage, in one's hotel/motel room, or having knowledge that illegal drugs, tobacco or alcohol are in one's hotel/motel room or in another person's possession at any time during the FCCLA activity.
8. Students are not allowed in the sleeping rooms of the opposite gender, except when an educator/adult chaperone is present.
9. Students shall not deface property, litter the premises, and/or put at risk the health and well-being of self or others. Any damages to property, furnishings or buildings shall be paid for by the individual or individuals responsible.
10. The enforcement of the Code of Conduct is the responsibility of the educator/school representative. The educator/school representative will call the school administrator for direction. For violation of any of the above, parents will be contacted and students will be sent home at their own expense.
11. The educator/school representative will submit this Code of Conduct to the school administration and/or Board of Trustees.
12. Any action detrimental to FCCLA image will not be tolerated and may result in disciplinary action up to and including dismissal from the organization.

**I have read, understand and agree to abide by and support the above regulations.**

Please note: Students, their work and activities will be photographed and videoed during this conference. These photographs and videos may be published on our website and in our publications and may be distributed to each participating school.

If you have reasons for your student not to be photographed, please send a written request stating those reasons to [director@mtfccla.org](mailto:director@mtfccla.org)

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Telephone Number of Parent/Guardian

\_\_\_\_\_  
Educator/School Representative

\_\_\_\_\_  
School Name and District Number

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Administrator Phone Number

## Montana FCCLA Covid-19 Acknowledgement and Personal Responsibility Policy

There is no higher priority of Montana FCCLA than the health, safety and well-being of our members, staff, volunteers and community partners. As we closely monitor the Covid-19 pandemic and increase of cases due to the delta variant, we continue to make decisions with this in mind. As part of the Montana FCCLA community we all have a responsibility to help protect each other.

According to the CDC, Covid-19 is primarily spread from person to person through respiratory droplets produced when coughing, sneezing or heavy breathing. Transmission is slowed by wearing a cloth face covering and/or maintaining a distance of at least 6 feet between people. In compliance with current CDC recommendations, all attendees of the 2022 Student Industry Day are asked to adhere to the following recommended guidelines:

- Seek medical attention, self-isolate and do not attend events if you are experiencing any of the following Covid-19 symptoms:
  - Fever (defined as a temperature greater than 100.4)
  - Shortness of breath
  - New loss of taste of smell
  - Chills, muscle pain or sore throat
  - New or worsened cough
  - Nausea, vomiting diarrhea
  - Runny nose or congestion
- Wear a cloth face covering at all times when in public areas.
- Be mindful of social distancing. Maintain a space of 6 feet between yourself and others if able.
- Wash your hands with soap regularly and frequently. If soap and water is not accessible, please use hand sanitizer.
- Practice proper cough and sneeze etiquette.
- If you have been in close contact with someone known to have Covid-19, self-isolate for 14 days.
- Disinfect surfaces throughout the day that are touched regularly.

Montana FCCLA has implemented preventative measures to help reduce the spread of Covid-19. However, Montana FCCLA cannot guarantee that members and attendees will not be exposed or infected. Participants acknowledge the highly contagious nature of Covid-19 and voluntarily assume the risk and responsibility for exposure and infection.

I have read and understood Montana FCCLA Acknowledgement and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be changed accordingly.

\_\_\_\_\_  
Parent/Guardian/Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Member Signature

\_\_\_\_\_  
Date

DISCLAIMER: The information contained herein has been compiled from sources deemed reliable and it is accurate to the best of our knowledge and belief at time of publication and is meant to be used as guidelines. However, TRC Insurance, PLLC and Education and Non-Profit Insurance Company of America, LLC cannot guarantee its accuracy, completeness and validity and cannot be held liable for any errors or omissions.



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