STUDENT CODE OF CONDUCT

A good reputation enables members to take pride in their organization. TSA members have an excellent reputation. Your conduct at any TSA function should make a positive contribution to the reputation that has been established. Any conduct less than positive will be dealt with in a swift and severe manner.

1. Your behavior at all times should be such that it reflects credit to you, your parents, your school, your state, and TSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times.
3. TSA name badges should be worn at all times during conferences.
4. Students must not leave the conference site or lodging area without permission and/or accompaniment of their advisor/ chaperone.
5. Students must attend all competitive events, general sessions and activities for which they are assigned/registered. This includes workshops, meetings, competitive events, etc. Please be prompt and show respect to others.
6. Members are to report any accidents, injuries, or illnesses to their advisor immediately.
7. Members are expected to observe the designated curfew. (Curfew means being in your assigned room and quiet by the designated hour.)
8. If a student is responsible for stealing, vandalism, or other damage, the student and his/her parents will be expected to pay any and all damages, and the student will be sent home immediately.
9. All participants must observe appropriate behavior in the elevators at all times. If a participant is found responsible for overloading or other behavior that causes an elevator to be stuck or damaged, they will be held responsible for all costs incurred by the conference facility to rectify the situation. This cost can be in excess of $2000.
10. Members/participants attending any TSA Conference may not purchase, consume, possess, or be under the influence of alcohol, drugs, tobacco, or electronic cigarette (e-cig or e-cigarette), personal vaporizer (PV) or electronic nicotine delivery system, or marijuana products or paraphernalia at any time. Violators will be dealt stringent disciplinary actions.
11. Students who disregard these rules will be subject to disciplinary actions and sent home at their own expense. The local advisor will notify parents.
12. Members are to abide by the TSA dress code at all general sessions, competitive events, and other conference activities.
13. The TSA Conference is an extension of the school day, thus all school rules/ policies are in effect and anyone found in violation of these rules/ policies will be dealt with accordingly.

My parent/guardian, advisor, and I have read the above Code of Conduct for TSA conferences and agree to abide by these rules.

_________________________________   ______________________________   ________
Print name Parent/Guardian                         Parent/Guardian Signature                      Date

_________________________________   ______________________________   ________
Print name Student                                       Student Signature                                   Date

_________________________________   _____________________________   ________
Print name Advisor                                      Advisor Signature                                  Date

PLEASE NOTE, ALL STUDENTS MUST HAVE A PARENT OR GUARDIAN SIGNATURE, EVEN IF THEY ARE 18.
PERSONAL LIABILITY/ MEDICAL RELEASE/ PHOTO RELEASE

This form is required of all children, students, and adults who attend a State TSA conference. No conference attendee is allowed to participate unless this form is received by Washington TSA. Parents, chapter advisors, and state advisors, please make copies of this completed form for your records.

Name: ___________________________________________ Date of birth: ________________

Home address: ______________________________________________________________________

Parent(s) name: ____________________________________ Contact phone number: ______________

Advisor name: ___________________________ Contact phone number: ______________________

School name: _______________________________ School phone number: ____________________

MEDICAL INFORMATION (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 number: ________________

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

“I do voluntarily authorize the Washington Technology Student Association’s executive director, assistants or designees to administer or obtain routine or emergency diagnostics procedures or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

“I agree to indemnify and hold harmless the Washington Technology Student Association, and said executive director, 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 State TSA annual conference, including time traveling to and from the conference.

“I permit Washington TSA and its affiliates 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.”

_________________________________   ______________________________   ________
Print name Parent/Guardian          Parent/Guardian Signature            Date

_________________________________   ______________________________   ________
Print name Student                  Student Signature                    Date

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