

Virginia TSA

*Get a Clue
Leadership Academy*



November 17-18, 2017

Virginia Crossing Hotel
1000 Virginia Center Parkway
Glen Allen, VA 23059

2017 Virginia TSA Leadership Academy Conference Information Packet

State Leadership Academy Purpose:

The state leadership academy is designed to help Virginia TSA members learn how to be, or continue to be great leaders. In order to complete this purpose, guidance will be given in not only leadership but also communication and teambuilding activities through hands-on, break-out sessions. This academy provides opportunities for members who attend to gain knowledge and skills to help them succeed on the regional, state, and national level.

This is an ideal opportunity for new chapter officers and new chapters to get together and interact to strengthen chapter efforts.

To assist you in planning your trip, a tentative agenda for the Academy is included.

HOTEL RESERVATIONS

Our hotel will be the Wyndham Virginia Crossing located in Glen Allen, Virginia. Your hotel registration is due **to the Virginia Crossing by October 26, 2017.** Room Cost is \$105.37 inclusive of taxes, single/ double occupancy, \$128.03 inclusive of taxes triple occupancy, \$139.36. inclusive of taxes quad occupancy.

You may reserve your rooms by emailing or Faxing your rooming list to the Hotel to make Reservations directly at ~ Sharon.Beasley@vacrossings.com or FAX to: 804-727-1431. **You must ask for Group Block: Virginia TSA to get the specified room rate!**

DRESS CODE

On Friday, please wear business casual attire as stated by national TSA. Participants will receive a t-shirt at registration on Friday. Virginia TSA is asking all attendees to wear their academy t-shirt on Saturday. Students will not be allowed to participate unless appropriate dress is worn. It is the **advisor's responsibility** to see to it that his/her delegation is appropriately dressed at all times while involved in official Virginia TSA functions.

CODE OF BEHAVIOR, PERSONAL LIABILITY AND MEDICAL RELEASE, PHOTOGRAPH RELEASE FORMS, AND ADVISOR'S CONTRACT

Please copy each form for all participants from your chapter. Have them signed and bring them with you to the meeting. These forms are for your protection in

emergency situations. Make two copies of the affidavit. One copy will be collected at registration; the other copy should remain with the advisor at all times.

CONFERENCE REGISTRATION FORM

The **Virginia TSA Fall Leadership Academy** will be held **November 17-18, 2017** at the **Virginia Crossing , Glen Allen, Virginia.**

- **Registration is open to 10 officers per chapter.**
- **Registration cost is \$60.00 per participant (which includes two meals on Saturday & participant t-shirt)**
- **Advisors, chaperones, & parents must register in order to receive breakfast and lunch for \$35.00. If not registered for the conference, all meals will be the responsibility of the advisor, chaperone, or parent.**
- **Deadline for Registration is October 18, 2017.**
- **State Executive Council members MUST register and pay the registration fee.**
- Registration for the Academy is limited to **10 students per school** plus any State Executive Council members.
- Registration fees will cover breakfast and lunch on Saturday & tee-shirt.
- Complete the enclosed registration form and **return** it by **October 18, 2017.**
- Chaperones/Advisors will be responsible for the behavior of their delegation and for transportation to/from the hotel.
- There will be no on-site registration.
- Shirt sizes **must** be included on your registration form.
- Request for refunds must be received by 5:00 p.m., October 25, 2017. The request must include: student name, reason for request, W-9 form including the school tax id#, advisor signature, and a copy of the original payment.
- Makes checks payable to: **Virginia TSA**

Meals

Dinner on Friday will be on your own. Full breakfast and lunch will be served on Saturday in the hotel.

Mail registration fees and registration form to:

Ms. Mikki Gales

Virginia TSA

P.O. Box 9045

Petersburg, VA 23806

**2017 Virginia TSA
Leadership Academy Registration Form**

Advisor: _____

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School/Office Phone: (____) _____ Home: (____) _____

Email: _____

Student Names- (Please Print)

Shirts are ADULT sizes

_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	Student
_____	Shirt: S M L XL XXL	State Officer/ Reg. Pres
_____	Shirt: S M L XL XXL	State Officer/ Reg. Pres
_____	Shirt: S M L XL XXL	State Officer/ Reg. Pres
_____	Shirt: S M L XL XXL	State Officer/ Reg. Pres

Additional Adults/Chaperones

Number of Students _____ x \$60.00 = _____

Advisors/Adults/Chaperones _____ x \$35.00 = _____

Total = _____

Number of students who have Dietary Restrictions _____

Check number & type of Restrictions:

Vegetarian _____

Lactose _____

Nuts _____

**Virginia TSA
Leadership Academy
November 17 – 18, 2017**



Virginia Crossing Hotel
1000 Virginia Center Parkway
Glen Allen, VA 23059

The Virginia TSA Statewide Leadership Academy rate is Room Cost is \$105.37 inclusive of taxes, single/ double occupancy, \$128.03 inclusive of taxes triple occupancy, \$139.36. inclusive of taxes quad occupancy.

You may reserve your rooms by emailing or Faxing your rooming list to the Hotel to make Reservations directly at ~ Sharon.Beasley@vacrossings.com or FAX to: 804-727-1431. **You must ask for Group Block: Virginia TSA to get the specified room rate!**

Note: **After the cut-off date of October 27, 2017, the group room rate may no longer be available,** and the unsold rooms remaining in the block will be returned to our inventory for sale at the prevailing rate.

**PERSONAL LIABILITY FORM
VIRGINIA TSA**

No student or child attendee will be allowed to participate in Virginia TSA Leadership Academy or state activities unless the chapter advisor has an original copy of this form at all times.

REQUIRED BY: STUDENT/CHILD CONFERENCE ATTENDEES
CHAPTER ADVISOR MUST MAINTAIN A COPY OF THIS FORM AT THE SCHOOL
AND BRING THE ORIGINAL COPY TO THE LEADERSHIP ACADEMY.

Name of participant: _____

School: _____

Address: _____

Home phone: _____ School phone: _____

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

"I do voluntarily authorize representatives of Virginia TSA to obtain emergency medical treatment for the above named person as deemed necessary."

"I agree to indemnify and hold harmless the representatives of the Virginia Association of the Technology Student Association and said TSA State Advisor and/or conference management staff for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards."

Virginia TSA Leadership Academy – November 17- November 18, 2017

Parent/Guardian Signature _____ Student Participant Signature _____

Date _____

NOTE: Chapter advisors may use the same form for Regional Fair and Technosphere provided each event is properly signed and dated.

**VIRGINIA TSA DELEGATE
CONDUCT PRACTICES AND PROCEDURES AGREEMENT FORM**

1. **"Delegate" shall mean any TSA member (voting/non-voting) attending the conference.**
2. There shall be no defacing of public property. Any damages to the property or furnishings in the hotel rooms or building must be paid by the individual(s) or chapter(s) responsible.
3. Delegates shall keep their advisors informed of their activities and/or whereabouts at all times.
4. Delegates should be prompt and prepared for all activities.
5. Delegates should be financially prepared for all possibilities.
6. Delegates not staying at the official conference hotels shall return to their legal residence by curfew or immediately following the last scheduled event.
7. No alcoholic beverages, narcotics or firearms, in any form, shall be possessed by delegates, alumni or other conference attendees at any time, under any circumstances.
8. No delegates shall leave the conference site unless accompanied by the Chapter Advisor(s) and/or chaperone(s).
9. Delegates and Voting Delegates are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered, unless engaged in some specific assignment taking place at the same time.
10. Identification badges must be worn at all times by all persons in conference attendance.
11. Chapter Advisors will be responsible for their delegates' conduct en route to the conference, during the conference, and during delegates' return to home school.
12. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive event participants to being disqualified. Individual delegates may be sent home immediately at their own expense. Curfews will be enforced (all delegates will be in assigned rooms by the announced times).
13. Casual wear will be accepted only during specific social functions, as designated.
14. The Virginia TSA Standards Review Committee reserves the right to dismiss any delegate from the conference for inappropriate actions.

I have read, I understand, and I agree to conduct myself according to the conduct practices and procedures listed above.

Student Delegate Signature

Parent Signature

The parent must initial each event for which this form applies:

Statewide Leadership Academy: November 17- November 18, 2017

Chapter advisors may use the same form for all Virginia TSA sponsored events provided the form is properly signed and initialized where applicable. Chapter Advisors are responsible for maintaining the form. The original form must accompany the chapter advisor at all times at the Virginia TSA Statewide Leadership Academy, a Regional Fair, or Technosphere.

<< Do not mail this form to Virginia TSA >>>

**MEDICAL RELEASE FORM
VIRGINIA TSA**

REQUIRED BY: STUDENT/CHILD CONFERENCE ATTEDANCE
CHAPTER ADVISOR MUST MAINTAIN A COPY OF THIS FORM
AT SCHOOL AND BRING THE ORIGINAL COPY TO THE REGIONAL FAIR.

Student: _____ Social Security # _____

Advisor: _____

School: _____ State: _____ Zip: _____

Medical Information (Print Clearly)

1. Known drug allergies: _____

2. Last tetanus administration received: _____

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

4. Medication currently being taken: _____

5. Physical restrictions (swimming, running, etc.) _____

6. Other conditions: _____

7. Physician: _____ Work: _____ Home: _____

8. Relative: _____ Work: _____ Home: _____

9. Name of medical insurance company: _____ Policy # _____

I hereby give permission for emergency medical treatment of _____ (Name of Student/Child)
while attending conferences and leadership activities of Virginia TSA.

Signature of parent/guardian: _____

Statewide Leadership Academy

November 17 - November 18, 2017

Parent/Guardian Initials

Date

Chapter advisors may use the same form for all Virginia TSA sponsored events provided the form is properly signed and initialized where applicable. Chapter Advisors are responsible for maintaining the form. The original form must accompany the chapter advisor at all times at the Virginia TSA Statewide Leadership Academy, a Regional Fair, or Technosphere.

Photo Release Form

Permission to Use Photograph.

Subject: Virginia TSA Statewide Leadership Academy

I grant to Virginia TSA, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Virginia TSA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Virginia TSA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)

Date: _____

The 2017 Virginia TSA Leadership Academy

GET A CLUE

Agenda for the TSA Leadership Academy

FRIDAY

4:00 – 6:30pm	Arrive and Check in to hotel
6:00- 6:45pm	Dinner (on your own) Before you arrive or at the Hotel
7:00- 7:30pm	Chapter Check in (with TSA)
7:30 – 7:45pm	Opening session
7:45- 7:55	Overview of conference
7:55- 8:30pm	Officer Introductions & Answer a selected question
8:30- 9:00pm	Ice Breaker Activity
9:00- 9:15pm	Parliamentary Procedure introduction and Demo
9:15- 9:45pm	Guest Speaker
9:45 – 10:50	State Officer meet & greet/social time
11:00pm	Curfew

SATURDAY

7:30am - 8:30am	Breakfast (included)
8:00am - 11:00am	Hotel Check out
8:30am – 8:45am	Group Picture & Final Group organization

Students will be grouped as Middle School & High School separately

- Eight Morning Sessions: will be centered around activities derived from the National TSA High School Leadership Lessons Handbook

8:55am – 9:15am	First Break Out Sessions
9:20am- 9:35am	Second Break Out Sessions

9:40am – 10:00am	Third Break Out Sessions
10:05am – 10:20am	Fourth Break Out Sessions
10:25am – 10:45am	Fifth Break Out Sessions
10:50am - 11:05am	Sixth Break Out Sessions
11:10am – 11:30pm	Seventh Break Out Sessions
11:35am – 11:55am	Eighth Break Out Sessions
12:00pm – 12 :55pm	Deli Lunch

Students will be grouped as Middle School & High School separately

- Four Afternoon Sessions: will be centered on the implementation of these lessons within separate high school and middle school groups.

1:00pm – 3:10pm Rotation through 4 Get-a-Clue themed activities to integrate learned leadership skills and earn clues to find your team’s mystery solution.

Students will be grouped as combined Middle School & High School

- One Afternoon Session: will be centered on the implementation of these lessons within combined groups.

3:15pm-3:45pm The “Final Escape” Workshop

4:00pm - 4:30pm Closing Ceremony: Each team will open Mystery Solution to reveal the contents.

Hotel Procedure

Please complete the rooming list as follows:

1. Type in school name, contact name, phone number and email address on rooming list form
2. Indicate any chaperones and other special requests in the special needs section on rooming list form.
3. Please note number of guests in each room and clearly indicate any quad guestroom reservations (4 guests sharing a room)
4. Specify the method of payment for the guestrooms
5. Hotel will turn off access to incidental charges (i.e. movies) for all rooms unless guaranteed by credit card
6. Mail advance payment to: Virginia Crossings Hotel (C/O VA TSA ~ Sharon Beasley) - 1000 Virginia Center Parkway - Glen Allen, Virginia 23059
7. Hotel Cut-off date for Room Reservations is: October 27, 2017
8. Email Rooming list, credit card information to: Sharon Beasley, Group Rooms Coordinator ~ Sharon.Beasley@vacrossings.com or FAX to: 804-727-1431

See Rooming list spreadsheet on website. You must use the hotel's rooming list format.

1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VIRGINIA 23059
TEL: (804) 727-1400
FAX: (804) 262-2332

CREDIT CARD AUTHORIZATION FORM

Dear Management,

I, the undersigned, authorize the Virginia Crossings, to charge my credit card

_____ Exp. Date _____ for:

Please check all that apply:

- _____ Room & Tax _____ Function Room Rental
- _____ Incidentals _____ Function Food & Beverage
- _____ Conference Deposit _____ Audio Visual/Business Center
- _____ Catering Deposit _____ Other

Guest/Group Name _____ Date of Stay _____

**** Please return this form with a photocopy of front and back of the credit card at your earliest convenience.**

Card Holder's Name _____

Address _____

Daytime Telephone # _____

Card Holder's Signature _____

Hotel Use:

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_____ Estimated Charges _____ Approval Code/Date

_____ Hotel Contact _____ Master Account

