

2018 FALL LEADERSHIP ACADEMY REGISTRATION FORM
November 16-18, 2018

Please EMAIL this form to bscott@vsu.edu
(PLEASE PRINT OR TYPE)

School Division:	Grades Offered in School:
School Name:	School Phone: ()) School Fax: ())
School Address:	
City:	State: Zip:
Lead Chapter Advisor:	Home/Cell Phone: ())
Advisor's Email Address:	

EMAIL the registration form by October 19th, 2018 to:

Mr. B.J. Scott

bscott@vsu.edu

2018 FALL LEADERSHIP ACADEMY REGISTRATION FORM
November 16-18, 2018

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List each participant's appropriate information in the table below:

# of male Students	_____	x \$115 = \$	_____
# of female Students	_____	x \$115 = \$	_____
# of male state officers	_____		
# of female state officers	_____		
# of Advisors	_____		
Total	_____	= \$	_____

Note: No more than 10 students per chapter. Advisors are not required to pay a registration fee. There are a certain number of spots for the Academy so register as quickly as possible.

Shirt sizes needed:

Small: _____

Medium: _____

Large: _____

X-Large: _____

2X: _____

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VIRGINIA TSA
SCHOOL FORMS VERIFICATION AFFIDAVIT

We herein verify that the school has obtained the required forms for participation at the 2018 Fall Leadership Academy from each student attending.

The forms are:

- 1) Student Conduct
- 2) Student Liability
- 3) Student Medical Release

Further, we verify that the chapter advisor will maintain the forms and have them available if needed 24 hours per day while traveling to the Leadership Academy, during the academy, and on the return trip back to the school.

Total Male Students: _____

Total Female Students: _____

Chapter Advisor: _____
Print First and Last name

Signature

Date

Principal: _____
Print First and Last name

Signature

Date

**PERSONAL LIABILITY FORM
VIRGINIA TSA
2018-2019**

No student or child attendee will be allowed to participate in Virginia TSA Regional 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 CORRECT EVENT.

Name of participant: _____ Home phone: _____

School: _____ School phone: _____

Address: _____

"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 Coordinator 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."

Regional Rally

Parent/Guardian Signature Student Participant Signature Date

Leadership Academy–November 16-18, 2018

Parent/Guardian Signature Student Participant Signature Date

Regional Fair - February 23, 2019 or March 2, 2019

Parent/Guardian Signature Student Participant Signature Date

State Conference – May 3-5, 2019

Parent/Guardian Signature Student Participant Signature Date

NOTE: Chapter advisors may use the same form for all 2018-2019 TSA events provided each event is properly signed and dated.

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

**VIRGINIA TSA DELEGATE
CONDUCT PRACTICES AND PROCEDURES
2018-2019 AGREEMENT FORM**

1. "Delegate" shall mean any TSA member (voting/non-voting) attending the conference.
2. There shall be no defacing of public property. The individual(s) or chapter(s) responsible must pay any damages to the property or furnishings in the hotel rooms or building.
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.
13. Curfews will be enforced (all delegates will be in assigned rooms by the announced times).
14. Casual wear will be accepted only during specific social functions, as designated.
15. 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:

Regional Rally: _____

Leadership Academy: November 16-18, 2018 _____

Regional Fair: February 23, 2019 or March 2, 2019 _____

Technosphere: May 3-5, 2019 _____

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 a Regional or State TSA

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MEDICAL RELEASE FORM

**VIRGINIA TSA
2018-2019**

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 REGIONAL RALLY.**

Student: _____ Social Security # _____

Advisor: _____

School: _____

Medical Information (Print Clearly)

1. Known drug allergies: _____
2. Last tetanus 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 # _____
10. I hereby give permission for emergency medical treatment of _____ (Name of Student/Child) while attending conferences and leadership activities of Virginia TSA.
11. The parent must initial each event for which this form applies: Regional
Fall Rally: _____
Leadership Academy: November 16-18, 2018 _____
Regional Fair: February 23, 2019 or March 2, 2019 _____
Technosphere: May 3-5, 2019 _____

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