

# Code of Conduct

## Attending an Official Function of UTAH FAMILY, CAREER, AND COMMUNITY LEADERS OF AMERICA

**CHAPTER ADVISERS:** This form will be your responsibility to obtain and have with you at Fall Leadership/Region Conference/State Conference/National Leadership Conferences for each member attending including yourself and any other chaperones.

Attending an official function of FCCLA is a privilege and a responsibility. The dress, language, and behavior of all attendees should be exemplary. Attendees are defined as students, advisers, and adult chaperones. They represent their school, community, and all FCCLA members in Utah. All attendees are expected to abide by the following rules of conduct.

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. All attendees must register for the conference indicated above.
2. Follow the dress code and dress appropriately at all times. **Dress Code:** The appropriate dress for all student attendees will be: Red, black, or white oxford or polo shirt (must have a collar and can be long or short sleeves), no sheer blouses, Black dress slacks (no capris, shorts, or leggings), For Girls: black skirts-no shorter than 2 inches above the knee, Dress shoes. **Jeans, sweat pants and/or shirts, lounging pajamas, shorts, tank tops, t-shirts, athletic wear, and bare feet are NOT allowed for general meetings/workshops. Advisers are responsible for enforcing the dress policy with their students.** We ask that you please encourage your students to dress appropriately. **Casual wear** will be permitted during specific functions as designated.
3. Behavior and language at all times should be such that it reflects a positive, professional image of you, your school, your state and the organization. Respect the rights and comforts of others regarding noise, language, and general conduct.
4. Attendees may not purchase, consume, or be under the influence of alcoholic beverages, drugs, or tobacco. Violators will be sent home immediately at the expense of the attendee/parents.
5. Student's conduct is the responsibility of the local chapter adviser. Students shall keep their adviser informed of their whereabouts at all times.
6. You are expected to attend and be on time for all general sessions, contest, orientations, and other scheduled conference activities. The money contributed by Utah FCCLA will have to be returned if attendees fail to attend.
7. Be respectful at all times of speakers and officers by being quiet and listening to the presentations.
8. Participants are not to drive or have access to cars during the conference.
9. Observe the designated curfew set by the FCCLA state and national organizations. (Curfew is described as being in your room at the designated hour.)
10. Acknowledge the authority of supervisors, adult chaperones, advisers, and hotel staff.
11. Attendees will not enter the hotel room of one that is not their own.
12. If an attendee is found responsible for stealing, vandalism, or fighting, they or their parents/guardians will be required to pay all damages.
13. Any accidents, injuries, or illnesses should be reported to your adviser or the state adviser immediately.
13. Any long distance phone calls, charges to the room, damages, etc. will be the responsibility of the attendee and/or their parents.
14. Attendees authorize the adviser to secure the services of a physician or hospital and to insure the expenses for necessary services in the event of an accident or illness, and will provide for the payment of these costs.

Violations of these rules will be the cause of disciplinary action and violators may be sent home at their own expense. The parents/guardians/administrators of attendees will be notified. If any violation of the Code of Conduct occurs during a member's or officer's term, one or more the following consequences will be applied as deemed appropriate by the student's adviser, state adviser, state officer assistant and board members if applicable:

A. Parent or guardian will be notified	F. Probation period while holding office
B. School administrator will be notified	G. Termination of office or membership privilege
C. Sent home from event at own expense	H. Lose outstanding officer status
E. Other logical consequences as deemed appropriate (i.e, letters of apology, community service, etc.)	I. Law enforcement authorities will be contacted if there is reasonable suspicion of illegal activity.

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**ATTENDEE'S STATEMENT**

I have read the rules. I understand any infraction of these rules will be sufficient cause for my participation in the above-named event to be terminated and for my being sent home at own expense.

\_\_\_\_\_  
**Attendee's Printed Name**

\_\_\_\_\_  
**School/Chapter**

\_\_\_\_\_  
**Attendee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance**

\_\_\_\_\_  
**Policy Number**

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**PARENT/GUARDIAN'S STATEMENT**

I have read the rules. I understand any infraction of these rules will be sufficient cause for my participation in the above-named event to be terminated and for my being sent home at own expense.

\_\_\_\_\_  
**Parent's Printed Name**

\_\_\_\_\_  
**Parent's Signature**

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**ADVISER and/or ADMINISTATOR'S ACKNOWLEDGE**

I have read the rules. I understand any infraction of these rules will be sufficient cause for my participation in the above-named event to be terminated and for my being sent home at own expense.

\_\_\_\_\_  
**Adviser's Signature (if not attendee above)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

# Utah FCCLA Association

## Medical Release Form

*This form will be retained by your FCCLA Chapter Adviser(s) or designated school chaperone and not released to any other person or entity unless medical attention is required by the designated student.*

I, \_\_\_\_\_ being the legal guardian, hereby authorize in  
*(Type/Print Guardians Name)* advance any necessary medical treatment required  
by:

\_\_\_\_\_  
*(Type/Print Students Name)* While he/she is absent from home attending and  
traveling to/from the Utah FCCLA Region  
Conference, State Conference and FCCLA National  
Leadership Conference.

\_\_\_\_\_  
*(Signature of Parent/Guardian)*

\_\_\_\_\_  
*(Date)*

### REQUIRED INSURANCE INFORMATION

\_\_\_\_\_  
*(Father's Full Name)*

\_\_\_\_\_  
*(Mother's Full Name)*

\_\_\_\_\_  
*(Complete Home Address including Zip Code)*

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_