

MONTANA DECA ATTENDANCE

ATTENDANCE

This is to certify that _____ has my permission to attend the **Montana DECA State Career Development Conference** in Missoula, MT. I also do hereby on behalf of him/her absorb and release the school officials, the DECA Chapter Advisor(s), as well as Montana DECA Staff, Agents and Volunteers from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the Montana DECA sponsored activity.

EMERGENCY

Any medical exceptions or modifications to the Montana DECA Medical Release form/code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local chapter advisor.

I authorize the chapter advisor or Montana DECA personnel to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide necessary payment for these costs:

WALK-IN CLINICS

Providence Urgent Care
3075 N Reserve Street #Q
Missoula, MT 59802
406.327.1750

HOSPITALS

Providence St. Patrick
500 West Broadway
Missoula, MT 59802
406.543.7271

DRUG STORES

CVS Pharmacy
1211 S Reserve St. #102
Missoula, MT 59802
406.728.5650

Community Medical
2827 Fort Missoula Rd
Missoula, MT 59802

We have read and agree to abide by the delegate conduct practices and procedures and dress code. We also agree that the school officials, the DECA Chapter Advisor(s), and Montana DECA Staff have the right to send the student home from the State Career Development Conference at our expense, provided he/she has violated the delegate conduct practices and procedures and/or his/her conduct had become a detriment. We also authorize Montana DECA to publish press releases and media publications which could include my students name, photo, and/or voice.

Student Signature

Parent Signature

Chapter Advisor Signature

School Official Signature

Insurance Company Name

Policy Number

MONTANA DECA PROFESSIONALISM

DRESS CODE

Professional appearance is an important aspect of the overall preparation of DECA members for the business world. To that end, DECA supports a dress code for its career-based functions that exemplifies the highest standards of professionalism while being non-discriminatory between males and females.

The Montana DECA Board of Directors has developed the following official dress standards for the State Career Development Conference. Students, advisors and chaperones must follow the conference dress code.

Competitors must wear professional dress during interaction with judges and/or corporate partners. Professional dress should also be worn to all conference sessions including workshops and special meal functions.

WHEN APPEARING BEFORE JUDGES

FEMALES: Business suit or blazer with dress blouse and dress skirt or dress slacks or business dress; dress shoes.

MALES: Business suit or sport coat with dress slacks, collared dress shirt and necktie; dress shoes; dress socks.

The following are not allowed: denim, athletic shoes, sweatshirts, t-shirts, shorts, hats.

BUSINESS CASUAL ATTIRE

Casual slacks (e.g. Dockers), blouse or shirt, socks, casual shoes. Jeans, t-shirts and athletic shoes are not included in business casual attire.

CASUAL ATTIRE

Neat casual clothing is acceptable during free time and select Montana DECA tours/activities, or as otherwise authorized by the Chapter Advisor or Montana DECA Staff. Casual attire is not acceptable in front of judges, corporate partners, or event staff. Casual attire is not permitted in competition of judging areas.

UNACCEPTABLE ATTIRE

The following are unacceptable during any Montana DECA activities: skin-tight or revealing clothing, athletic clothing, swim-wear (unless swimming), and clothing with printing that is suggestive, obscene, or promotes illegal activities.

When judging adherence to the dress code, Montana DECA asks that advisors, teachers and chaperones use observation as the tool for assessing compliance. Montana DECA does not support or condone the touching of students or their clothing as a means of determining whether or not a student is following the dress code guidelines.

CODE OF CONDUCT

The Montana DECA Board of Directors requires each delegate attending the State Career Development Conference to read, agree to, and comply with the following standards:

1. The term "delegate" shall mean any DECA member, including advisors, attending conferences (high school, collegiate, alumni, professional).
2. There shall be no defacing of public property. Any damage to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible.
3. Delegates must wear identification badges at all times.
4. Delegates shall refrain from using inappropriate or profane language at all times.
5. Delegates shall refrain from written, verbal, physical or electronic activities that may lead to harassment, hazing, bullying or damaging property.
6. The use of any harassment against anyone on the basis of race, color, creed, national origin, ancestry, age, gender, sexual orientation or disability is prohibited.
7. Delegates shall respect the rights and safety of other hotel guests.
8. Delegates shall not possess alcoholic beverages, narcotics or weapons in any form at any time under any circumstances.
9. Delegates shall refrain from gambling—playing cards, dice or games of chance for money or other things of value.
10. Use of tobacco products and electronic cigarettes by delegates is prohibited at all DECA functions.
11. Delegates must adhere to the dress code at all times.
12. Delegates must not dress or behave in a manner than can be interpreted as sexually explicit.
13. Students shall keep their adult advisors informed of their activities and whereabouts at all times.
14. No delegate shall leave the hotel (except for authorized events) unless permission has been received from chapter and chartered association advisors.
15. Delegates should be prompt and prepared for all activities.
16. Delegates should be financially prepared for all activities.
17. Delegates are required to attend all sessions and activities assigned including workshops, competitive events, committee meetings, etc., for which they are registered unless engaged in some specific assignment scheduled at the same time.
18. Delegates will spend nights at their assigned hotel and in their assigned room. No guests allowed during curfew hours. Delegates will be quiet at curfew.
19. Curfew will be enforced. Curfew means the delegate will be in his/her assigned room.
20. Chartered associations will be responsible for delegates' conduct.
21. Tasteful casual wear will be accepted during specific social functions as designated during orientation.
22. Delegates ignoring or violating any of the above rules will subject their entire delegation to being unseated and their candidates or competitive events participants to being disqualified. Individual delegates may be sent home immediately at their own expense.

Student Signature

Parent/Guardian Signature

Date



The purpose of this form is to authorize the provision of emergency treatment for chapter members in the unlikely event that they become ill or injured while traveling with their advisor. It is imperative the following information be furnished so that the member will be cared for properly in the event of an emergency.

The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I _____ of _____
 (Parent Name) (Address)(City)(State, Zip)

hereby give my consent for: (1) the administration of any emergency treatment deemed necessary by a licensed physician or dentist, (2) the transfer to any hospital reasonably accessible, and (3) consent to release the medical information provided.

_____ Date _____ / _____ / _____
 (Member Signature) (Month) (Day) (Year)

_____ Date _____ / _____ / _____
 (Parent/Guardian Signature) (Month) (Day) (Year)

The following information is needed by any hospital or practitioner not having access to the member's medical history:

Does the member have:

ANY ITEMS MARKED "YES" SHOULD BE EXPLAINED BELOW

Any food allergies

a. FOOD

YES NO

b. MEDICATION

YES NO

c. OTHER (Insect, etc..)

YES NO

Any health problems or physical disabilities

YES NO

Any respiratory problems

YES NO

Any diabetes

YES NO

Any epilepsy

YES NO

Any chronic disease

YES NO

Any emotional or physical problems

YES NO

Any medication being taken at present

YES NO

Any Glasses: YES/NO

Contact Lenses: YES/NO

Hearing Devices: YES/NO

Date of Last Tetanus Booster: _____ / _____ / _____
 (Month) (Day) (Year)

Does member have all required immunization shots? YES NO