



2019

Kansas
Winter
Leadership
Challenge

February, 6th 2019

Flint Hills Technical College,

3301 W 18th Ave,

Emporia, Kansas

2019 Winter Leadership Challenge

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Registration Information

Go to <http://kansastsaweb.org/> and Click Conference Registration button on or go directly to <https://www.registermychapter.com/tsa/ks-wlc>

Advisors may need to click on the Add My School link on the Conference Registration Page and complete the Advisor/Chapter information. This conference is **NOT** linked to the National Roster this year, though affiliated chapter are already in the system. All participant information, including adults, will need to be added manually. First and Last name, gender, grade, and status are required fields. Please double check the spelling of Names; if it is incorrect in the system it **WILL** be incorrect on the nametag. The only event for this conference is the Winter Leadership Challenge; choose this for each student participant and click submit.

View Registration to verify all of the information and when everything is correct hit **Submit to TSA**. Your registration is not final until you click **submit to TSA** and **Confirm**. You can save and finish later, but please remember to hit **submit to TSA** by **February 1, 2019**.

Cost: \$20.00 per person; this includes all days activities and lunch.

Dress Code

Chapter advisors, chaperones and parents are responsible for making certain that all Kansas TSA student members are wearing clothing proper for the events in which they participate and are of modest/more conservative in nature. Business Casual clothing is suggested for this event; Please no clothing with holes. **School dress codes apply- if you can't wear it at school you can't wear it at conference**

Forms:

All Kansas TSA forms are in this document for easy printing. These are a requirement and once they are complete they will last for any further conference Kansas TSA holds this year.

Please have digital copy or 2 paper copies of the Advisor/ Adult Contract, Student Code of Conduct/Behavior, and Combination Personal Liability/ Medical/ Photo Release form for each participant. One per participant (Student and Adult) to turned in at registration

Keep a copy for yourself with you at the conference. These forms are for both your and our protection in an emergency situation. *Digital Copies of the Kansas TSA forms can be submitted on removable media (thumb drive, etc.) at registration or to tsakansas@gmail.com*

Questions, Contact: Ruth DeLange, Associate State Advisor
kansatsa.associate@gmail.com or Work email: rdelange@usd260.com
Cell:(620) 366-3388

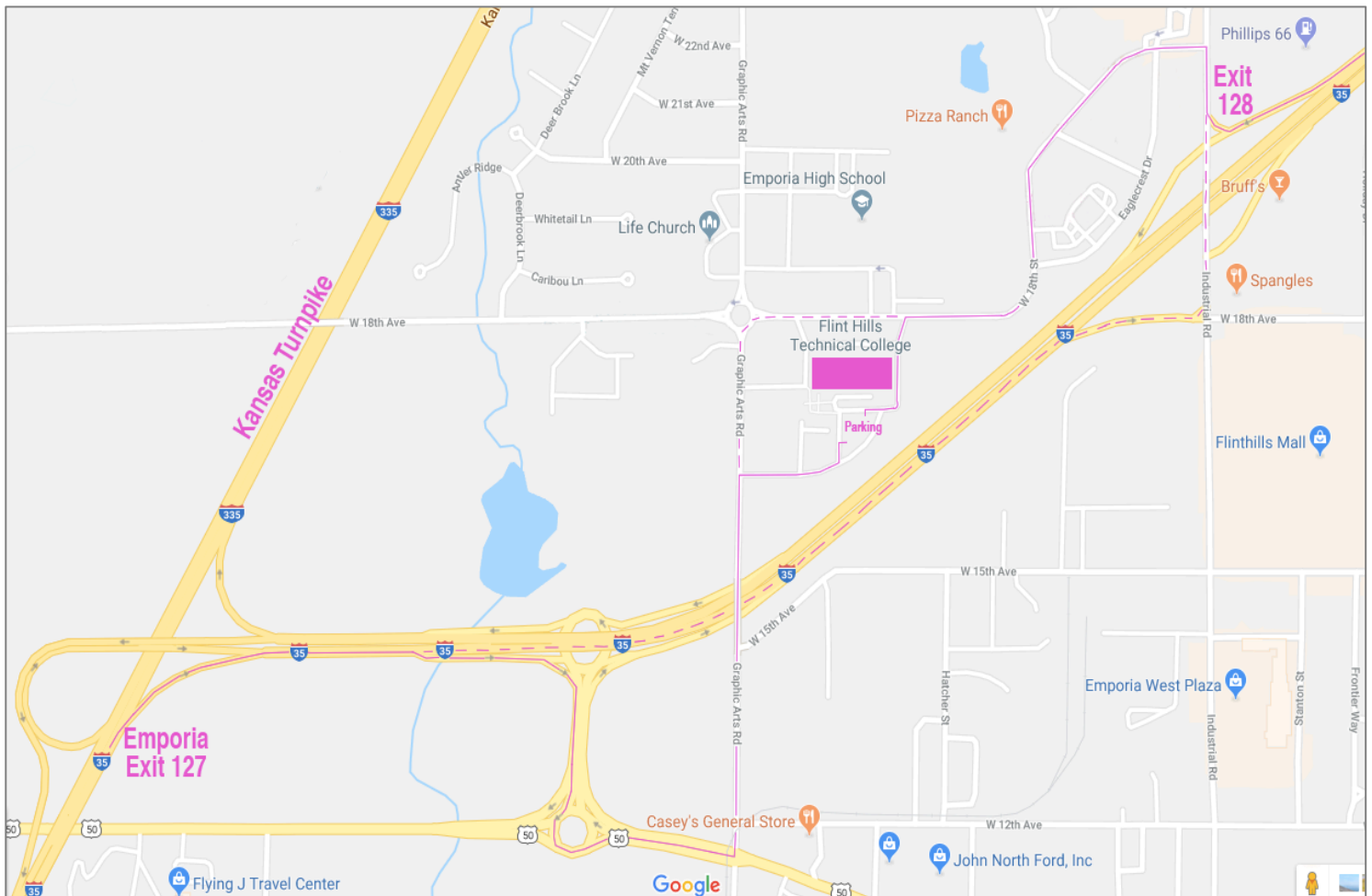
2019 Winter Leadership Challenge

Tentative Agenda

9:00 – 9:30	Registration
9:30 – 10:00	Day Overview
10:30 – 11:30	Session 1
LUNCH	
12:00 – 12:50	Session 2
1:00 – 1:50	Session 3
2:00 – 2:50	Session 4
3:00 – 3:30	Day Wrap up

Flint Hills Technical College Travel Map

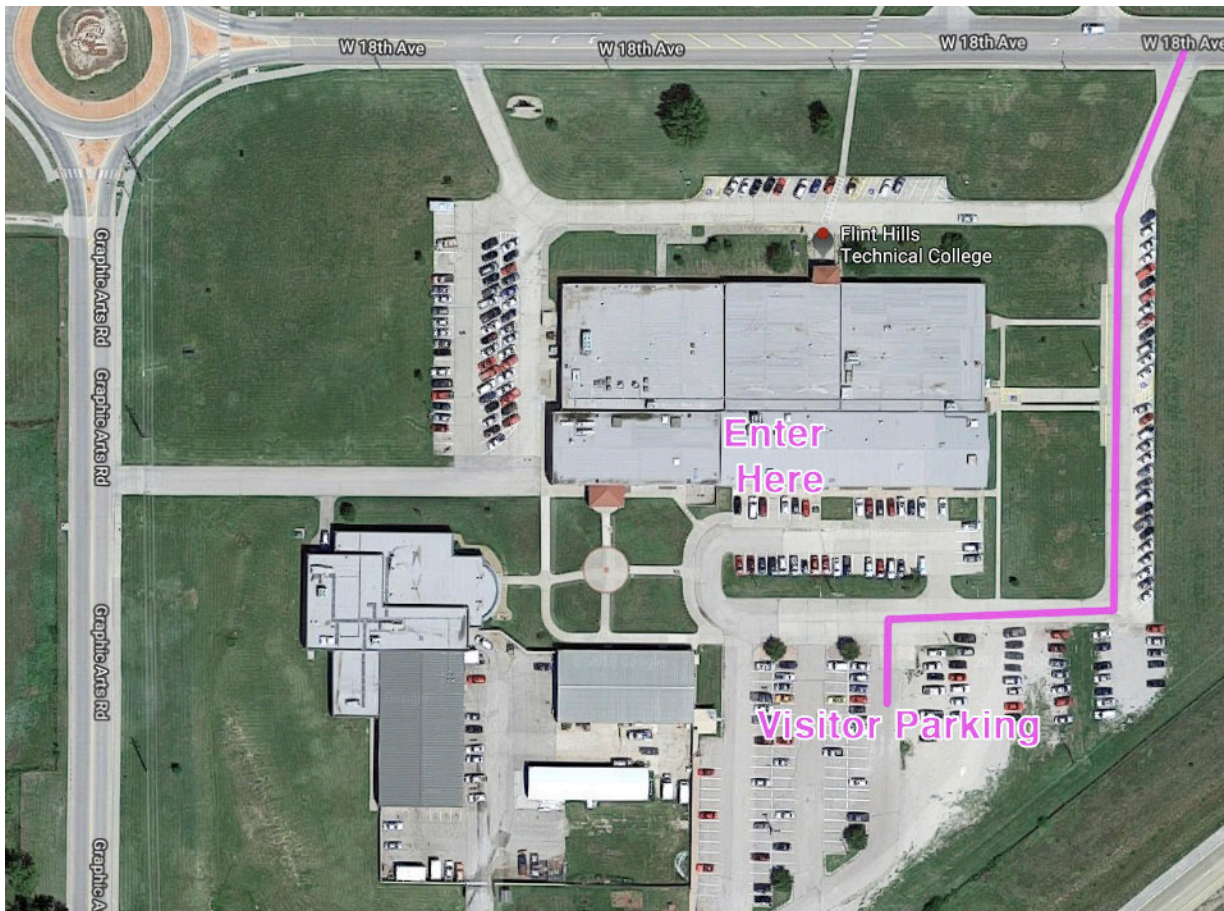
301 W 18th Ave | Emporia, KS 66801 | 620.343.4600



Flint Hills Technical College

Main Campus | 3301 W 18th Ave | Emporia, KS 66801 | 620.343.4600

We are meeting in the Trussler Foundation Conference Center



Park in the Visitor Parking Lot opposite the Front Entrance and Enter the Glass Doors



Kansas TSA **Advisor** Conference Contract

Bring responsible students who can conduct themselves in such a way as to bring respect to TSA.

Bring 1 chaperone per 10 students

Adhere to local district policies concerning chaperones for all students.

Explain to all your attendees the following policies:

- I will, at all times, respect all public and private property, including the hotel or motel in which I am housed.
- I will spend each night in the room of the hotel or motel to which I am assigned.
- I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
- I will not remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my legal spouse.
- I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
- I will not leave the hotel or motel without the express permission of my local chapter advisor. Should I receive permission, I will leave a written notice of where I will be.
- My conduct shall be exemplary at all times.
- I will keep my advisor informed of my whereabouts at all times.
- I will, when required, wear my official identification badge.
- I will respect official TSA dress and not use tobacco products while wearing it.
- I will attend, and be on time for, *all* general sessions and activities that I am assigned to and registered for.
- I will adhere to the dress code at all required times.

Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for disqualification, immediate removal from office or competition and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's local school district administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the candidates or competitors from the participant's local school and chapter could be disqualified as well.

Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's local school district administration and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

All Medical Forms should be in the advisor's possession at all times.

Advisors are responsible for all of their students at all times.

All students, chaperones and advisors will abide by the Dress Code

Advisor Signature: _____ Date: _____

School/Chapter: _____

Kansas TSA Code of Conduct

Advisors:

1. Advisors shall conduct periodic meetings with their student delegates and voting delegates for the purpose of reviewing the many conference activities of which they may take advantage, obtaining progress reports, emphasizing time schedules, sharing successes, and overall, to ensure that the students are taking full advantage of the conference and its activities. If an advisor is not available, a sponsor or parent shall help assume these duties.
2. Advisors shall keep an agenda of their own schedule and give it to their students so that the advisor may be reached during the conference at any time.
3. Each advisor shall be responsible for ensuring that student participants adhere to all conduct practices and procedures as state above.
4. The rules, as stated in this Code of Conduct are called to your attention for review and apply to advisors as well as students.

Signature

Printed Name

Chapter

Kansas TSA Code of Conduct

Student Attendees/Delegates:

1. "Delegate" shall mean any KS TSA member (voting or non-voting) attending the state conference.
2. There shall be no defacing of public property. Any damages to the property or furnishing in the hotel rooms or building facilities must be paid by the individual(s) or chapter(s) responsible.
3. Delegates must follow facility guidelines for adhering signs, notices, posters, etc. to walls, doors, or any facility surface.
4. Delegates shall keep their advisors informed of their activities and/or whereabouts at all times.
5. Delegates should be prompt and prepared for all activities.
6. Delegates should be financially prepared for all possibilities.
7. No alcoholic beverages, narcotics, firearms or weapons, in any form, shall be possessed by delegates, alumni or other conference attendees at any time, under any circumstances.
8. Smoking or gambling especially in public will not be permitted, since a delegate in TSA attire is officially representing a chapter and/or state association of TSA.
9. No delegates shall leave the conference site unless permission has been received from Chapter Advisors.
10. 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 specific assignments taking place at the same time.
11. Identification badges must be worn and visible on the lanyard or pinned to the right upper chest at all times by all persons in conference attendance.
12. Chapter advisors will be responsible for their delegates' conduct.
13. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive events participants being disqualified. Individual delegates may be sent home immediately at his or her own expense. Curfews will be enforced.
14. Casual wear will be acceptable only during specific social functions, as designated.
15. The KS TSA Board of Directors reserves the right to dismiss any person from the conference for inappropriate actions.

Signature

Printed Name

Chapter



Kansas Technology Student Association
Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any Kansas TSA event require this form. No conference attendee is allowed to participate unless Kansas TSA receives this form. Parents and chapter advisor: Please make a copy of this completed form for your records.

Student _____ Student cell _____ Student date of birth _____
Parent/Guardian _____
Home address _____ City/State/Zip _____
Work Phone _____ Cell Phone _____ Home Phone _____
Advisor _____ School _____ School phone _____
School address _____ City/State/Zip _____

MEDICAL and INSURANCE INFORMATION (children and students only)

Physician's Name: _____ Work #: _____ Home #: _____
Relative's Name: _____ Work#: _____ Home#: _____
Allergies (drug or otherwise) _____
Current medication _____

Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. AND/OR Physical Restrictions (swimming, running, etc.):

Insurance Information

Medical Insurance Co.: _____ Identification/Policy #: _____
Subscriber's Name: _____ Phone #: _____
Subscriber's place of employment: _____

PLEASE INITIAL EACH STATEMENT WITH WHICH YOU AGREE.

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

Initials _____ "I do voluntarily authorize the Kansas Technology Student Association's local chapter advisors, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

Initials _____ "I agree to indemnify and hold harmless the Kansas Technology Student Association and/or 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."

Initials _____ "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 Kansas TSA Activity, including time traveling to and from the conference."

Initials _____ "I permit Kansas TSA 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."

Signature of parent or guardian (if child or student) _____ Date _____
Participant's signature _____ Date _____
Advisor's signature _____ Date _____

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