

## 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.

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Signature

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Printed Name

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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.

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Signature

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Printed Name

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Chapter

# 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 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.



Kansas Technology Student Association  
Additional Information and Accommodations

School/Chapter: \_\_\_\_\_

Advisor Name(s): \_\_\_\_\_ Advisor Cell: \_\_\_\_\_

Total Attendees (include students and all adults): \_\_\_\_\_

Number Arriving Late: \_\_\_\_\_ Number Departing Early: \_\_\_\_\_

Will you be staying: Onsite \_\_\_\_\_ Off-Site \_\_\_\_\_

If offsite what Hotel? \_\_\_\_\_

If ON-Site: Total Female Students \_\_\_\_\_ Total Male Students \_\_\_\_\_

Total Female Adults \_\_\_\_\_ Total Male Adults \_\_\_\_\_

Do you need extra supervision for student of the opposite sex? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list special **FOOD** needs of adults and students attending (kept strictly confidential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list special **MEDICAL** needs of adults and students attending (kept strictly confidential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any **OTHER** special needs of adults and students attending (kept strictly confidential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious Services are available in the Salina area during the conference. Advisors are welcome to take their students to any and all services. Please remember to have the students speak with event coordinators if there is a conflict of service and event times. To give us an idea of potential conflicts please indicate how many will (could) be attending

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Please Complete and Submit onsite or email to [tsakansas@gmail.com](mailto:tsakansas@gmail.com)