



CALIFORNIA FUTURE BUSINESS LEADERS OF AMERICA

Code of Conduct Form

Student Name (print/type) _____

School (print/type) _____

FBLA, as an integral part of the Business Education programs in California, offers training to students with career objectives in business and office occupations. Because individual conduct and appearance is a phase of this training, it becomes the responsibility of all persons to see that proper conduct is adhered to at all times from the time students leave home until they return home.

Attendance at any FBLA sponsored conference or activity is a special privilege. Knowing that any organization is judged largely by the behavior of its individual participants, the following Code of Conduct is subscribed to for members, guests, and advisers who attend California FBLA activities and conferences.

1. All students attending a conference must be paid members of FBLA.
2. All chapter members attending FBLA conferences are expected to attend *all sessions* of the conference.
3. All persons shall behave in a courteous and respectful manner refraining from language and actions that might bring discredit upon themselves, their school, their home, their friends, the conference, or upon the FBLA organization.
4. Because conference attendees are guests using the facilities, special care should be taken not to deface or destroy any property. Do not throw *anything* out of windows or over balconies. Any damages to any property or furnishings in the hotel rooms or buildings must be paid for by the individual or chapter involved.
5. Dress regulations established for the conference shall be business attire as defined by the FBLA Dress Code.
6. Curfew regulations shall be interpreted to mean that each person shall be in his/her room and shall begin ½ hour after the last scheduled activity unless stated otherwise in the conference program. Conference area participants not staying in the hotel shall be off the grounds of the hotel by the curfew.
7. Student delegates shall (1) keep their adult advisers informed of their activities and whereabouts at all times, (2) not use their own cars or ride in cars belonging to others during the conference, unless accompanied by an authorized adviser, and (3) not engage in dating activities with students not attending the conference.
8. NO ALCOHOLIC BEVERAGES OR ILLEGAL DRUGS in any form shall be possessed or used at any time under any circumstances on public or private property. Smoking is prohibited.
9. Identification badges are to be worn at all conference activities.

I have read and agree to abide by the California FBLA Code of Conduct. I also agree that the school officials, the FBLA chapter adviser(s), or the FBLA Board of Directors, have the right to send me home from the activity at my expense, provided that in their opinion, the seriousness of the violation of the Code of Conduct warrants it.

Student Signature _____ Parent Signature _____

Adviser Name (type/print) _____ Date _____



CALIFORNIA FUTURE BUSINESS LEADERS OF AMERICA

Release of Claim for Damages and Emergency Medical Treatment Authorization

Student Name (print/type) _____

School (print/type) _____

Home Address: _____

Event Date: _____

Home Phone: _____

Date of Birth: _____

School Phone: _____

Name of Activity: _____

Adviser(s) in Charge: _____

This is to certify that _____ has my permission to attend the above named FBLA activity. I also do hereby, on behalf of _____ absolve and release the school officials, the FBLA chapter advisers, and the state FBLA association and staff from any claims for personal injuries which might be sustained while he/she is enroute to and from or during the FBLA sponsored activity.

I also authorize the above named adviser or state FBLA staff to secure the services of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment.

Student Signature

Parent Signature

Adviser Signature

School Official Signature

MEDICAL INFORMATION

Known allergies (drug or natural) _____

Special medication(s) being taken _____

Date of last tetanus shot? _____

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever: _____

Any physical restrictions: _____

Other conditions: _____

Family doctor: _____

Parent or guardian contact numbers. Work: _____ Home: _____ Other: _____

INSURANCE INFORMATION

Insurance provider _____

Policy number: _____

Coverage: _____