

*Shimmy on over
to the TSA...*



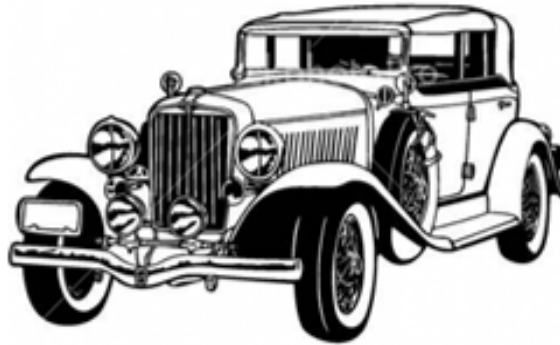
*High School
Fall Leadership Conference*

Monday, October 29, 2012

8am – 3pm

Sheraton Hotel, Dover

Cost: \$30/per person
(includes lunch and program materials)



Registration Deadline: October 3, 2011

The Delaware Technology Student Association (TSA) is a resource and support organization that does not select, control or supervise local chapter or individual member activities except as expressly provided for in the Delaware TSA constitution, bylaws, or policies.

Delaware TSA 2012 High School Leadership Conference

October 29, 2012 – Dover Sheraton

Registration Form

The number of conference participants is limited to six (6) students and one (1) advisor from each school. The fee is \$30.00 per participant, which includes lunch and materials.

Email this Registration Form to Hilda Davis at hdavis@doe.k12.de.us by Friday, October 3, 2012. Mail the Sign Off Sheet and payment before the Leadership Conference date to:

Michael Fitzgerald
Education Associate, Technology Education
Department of Education
John W. Collette Education Resource Center
35 Commerce Way, Suite 1
Dover, DE 19904
(State Location Code # N510)

NOTE: A copy of the Emergency Medical Treatment form, Parent Permission form to participate, and Parental Authorization Picture for Publication form (for each participant) must be in your possession at the conference.

Advisor's Name:	
School Name:	
School Mailing Address: (please include street name and number, city, state and zip code)	
Telephone Number:	
Advisor's Email Address:	
Please list the names of participants:	
Student's Name (please print)	Student's Name (please print)
1)	4)
2)	5)
3)	6)
Advisor's Name	1)

Make checks payable to Delaware TSA (E.I. # 51-0261303; FSF Vendor # 0000025728)

Amount enclosed (# of participants x \$30.00) = \$ _____

Keep a copy of this registration form for your records. Registration forms will not be accepted after business hours on October 3, 2012.

If you need assistance or have any questions, contact Michael Fitzgerald (mfitzgerald@doe.k12.de.us) or Hilda Davis (hdavis@doe.k12.de.us) at 302-857-3320.

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Fall Leadership Conference

PERMISSION/DRESS CODE/PHOTO

SIGN OFF SHEET

I certify that the following forms have been completed for each student attending the Delaware TSA Fall Leadership Conference:

- **Parent/Guardian Permission**
- **Medical / Emergency Treatment**
- **Student Behavior and Dress**
- **Parental Authorization for Photo Release** (* Please list the student(s) name(s) below if a parent does not grant permission).

TSA Advisor

School

* The parent(s)/guardian(s) of the student(s) listed below **do not** grant permission to the Delaware Department of Education to use their child's picture for publication.

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This form should be turned in with your conference registration.

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EMERGENCY MEDICAL TREATMENT (PARENT CONSENT FORM)

Chapter Advisors must keep a copy and provide a copy to DE TSA/DOE

I, _____
(Parent/Guardian's Name) (Relationship)

of _____
(Name of TSA Participant) (Age)

Complete Home Address: _____

(Area code and **home** telephone #.) _____

(Area code and **work** telephone #.) _____

***hereby authorize in advance any necessary medical treatment required while he/she is
attending a TSA activity.***

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

(Signature)

(Date)

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Expectations for Student Behavior and Dress Code at the Fall Leadership Conference

1. Delegates and Advisors are expected to attend all workshops. Stay in each meeting until you are dismissed.
2. Listen attentively and participate appropriately in the sessions.
3. Be an interested, enthusiastic participant.
4. It is not appropriate to chew gum or use cell phones during meetings and official activities.
5. There is to be no smoking at TSA sponsored events.
6. Students are not to possess illegal substances at TSA sponsored events.

***Appropriate Dress: TSA Business Casual
Jeans and T-shirts are NOT permitted.***

Advisor's reminder: Advisors have the legal authority to enforce rules and to control students' behavior beyond the classroom on sponsored trips. **Advisors stand in loco parentis (in place of parents) with respect to the student at all school sponsored functions.**

Student signature

Parent signature

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**DELAWARE
DEPARTMENT OF EDUCATION**

Parental Authorization

Chapter Advisors must keep a copy and provide a copy to Delaware TSA/DOE

Please check one:

_____ I hereby grant the Delaware Department of Education permission to use

_____ 's (*insert student's FULL name*) picture for publication purposes only.

I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child's right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.

_____ I do not wish to grant permission to the Delaware Department of Education to use my child's picture for publication.

Parent/Guardian's signature

Date

Parent/Guardian's printed name and relationship to above

If in high school, signature of student

Date

Student's printed name

DELAWARE TSA

STUDENT PERMISSION FORM

Note: Chapter Advisors must keep a copy and provide a copy to Delaware TSA/DOE

Student Name: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **Delaware TSA Fall/State Conference**. I understand the Delaware TSA delegation will be traveling by **van/bus/student/advisor/family car**. My child has been made aware that they are to obey the rules of the Delaware delegation and of the supervisors assigned to them. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian

Date

MEDICAL INFORMATION

Please Print: Parents are asked to list any allergies or possible illness for which medicine or treatment may be needed during the term of office.

Allergies: _____

Type of Medicine carried: _____

Currently being treated for: _____

Family Physician: _____

Physician's telephone: _____

Physician's address: _____

Name of person to contact in case of illness/emergency: _____

Contact person's telephone: _____

Primary Insurance Name and Number: _____

Secondary Insurance Name and Number: _____

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Charity Links

Links are \$1 each

Help TSA as we raise money
for the American Cancer Society.



DEADLINE:

Fall Leadership Conference – October 29, 2012



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Attention Advisors:

Charity Links Instructions:

1. Distribute Links to chapter members to be sold.
2. Sell Links for \$1 each in the month of October.
3. Encourage students to decorate the links with their name and school.
4. Collect the Links and connect together to make a chain.
5. Bring your **assembled chain and money** to the Fall Leadership Conference!
6. If you run out, you may make additional links.

Money Collection:

1. Collect all proceeds from sale of Links.
2. Total all cash and make one check from **your organization** payable to *Delaware TSA*.



All proceeds will benefit...



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