

*Shimmy on over  
to the TSA...*



*Middle School  
Fall Leadership Conference*

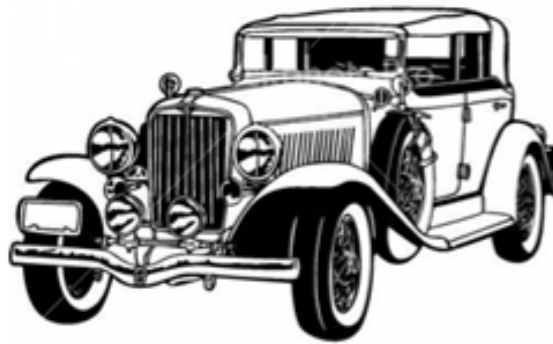
Tuesday, October 30, 2012

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 Middle School Leadership Conference  
October 30, 2012 – Dover Sheraton  
Registration Form**

The number of conference participants is limited to eight (8) 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](mailto:hdavis@doe.k12.de.us) by 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.

<b>Advisor's Name:</b>	
<b>School Name:</b>	
<b>School Mailing Address:</b> (please include street name and number, city, state and zip code)	
<b>Telephone Number:</b>	
<b>Advisor's Email Address:</b>	
<b>Please list the names of participants:</b>	
<b>Student's Name</b> (please print)	<b>Student's Name</b> (please print)
1)	5)
2)	6)
3)	7)
4)	8)
<b>Advisor's Name</b>	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](mailto:mfitzgerald@doe.k12.de.us)) or Hilda Davis ([hdavis@doe.k12.de.us](mailto: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).

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**TSA Advisor**

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**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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<hr/>	<hr/>
<hr/>	<hr/>
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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 #): \_\_\_\_\_

***I 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)



## *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.**

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*Student signature*

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*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 30, 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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