**2022 NJ FCCLA Fall Leadership Connection**

**Required Permission Slip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my/our permission to attend and participate in the activities and programs associated with the 2022 New Jersey FCCLA Fall Leadership Connection on November 21st at the Pines Manor in Edison, New Jersey. I understand that photographs will be taken by the state organization and news media and used to promote the activities of the organization. Further, I understand that the students are expected to dress in business attire that is defined by the state office.

I also do hereby hold harmless and waive and release any liability claims or causes of action against NJ FCCLA, its directors, officers, employees, and FCCLA chapter advisers in connection with my child’s travel, attendance, or participation in the NJ Fall Leadership Connection, including without limitation, claims for personal injury, bodily harm, illness, and disease and pertaining to causes including the current, COVID-19 virus.

I authorize the chapter adviser or other chaperoning adult to secure the services of a physician or hospital, and to incur the expense for necessary services in the event of accident or illness, and I will provide payment for these costs. I understand that, when necessary, in the event of an emergency illness or injury, delegates will be transported to a local medical facility at the choice of the emergency medical professionals who respond. In case of accident, injury, or illness, I/we hereby authorize the FCCLA chapter adviser to take the above-named student to a physician or the emergency room of a hospital and allow that facility to administer treatment as needed.

In an effort to keep all members, advisers and their families safe, all attendees are expected to wear a quality mask effectively covering the mouth and nose because this event is so close to Thanksgiving. COVID testing is encouraged and these results should be monitored on the local level.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print) Last Name, First Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list another person who can be reached if the parent/guardian is not available in case of illness or injury.

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of Parent/Guardian Date

**NOTE: This permission slip should be used and maintained by the chapter**

 **adviser and a copy submitted to the state office at registration.**

**2022 NJ FCCLA FALL LEADERSHIP CONNECTION**

**LOCAL MEMBER CODE OF CONDUCT**

1. Identification badges must be worn visibly at all times during the conference.

2. A local member shall behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon the FCCLA association.

3. A local member shall participate fully in all appropriate conference activities, general sessions, workshops, business meetings, meals, etc. for which he/she has responsibility.

4. A local member shall participate and pay attention in workshops and refrain from speaking out of turn. Disrupting a speaker or other members in a session is not acceptable.

5. A local member will exercise table manners during meal functions and give the speaker their attention. Talking during general sessions when a speaker is addressing the audience is disruptive. Members who disrupt speakers will be asked to leave the room.

6. A local member shall dress in appropriate business-like attire for general sessions, workshops, competitive events, and meals. (Jeans, leggings, midriff tops, tank tops, sneakers, work boots, uggs, etc. are not appropriate.) Clothing that is too tight, too short and/or too revealing is not business attire. See the website for details.

7. A local member shall be willing to take and follow instructions as directed by those responsible for the activity.

8. A local member shall avoid places and actions that in any way could raise question as to moral character or conduct.

9. A local member shall treat all members equally.

10. A local member shall not damage or deface property at any FCCLA conference. Damages to any property will be paid for by the local member and his/her parents.

12. A local member shall not leave the conference facility or wander throughout the facility unless accompanied by the chapter adviser or chaperone.

13. A local member shall not use a cell phone during any meetings and workshops.

14. A local member shall abide by all CDC recommendation regarding COVID – 19 such as wearing masks and keeping a safe distance from other participants.

15. A local member shall not violate any local, state, or federal laws (i.e. possession of alcohol, narcotics, smoking, or vaping).

16. A local member shall remember the FCCLA mission and purposes and shall act accordingly.

A local member who violates or ignores any of the above code of conduct subjects himself/herself to:

**\*Being removed from the FCCLA conference and sent home at his/her own expense** **after**

 **consultation with his/her chapter adviser(s).**

 **\*Having any honors, medals and/or office withdrawn.**

As a local member, I agree that I must abide by the above code of conduct.

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

Date Signature of Local Member

I/We have read the above and understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ must abide by the rules. (Name of Student)

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

Date Signature of Parent/Guardian

  **NOTE: This Code of Conduct agreement should be used and maintained by the**

**Chapter Adviser**

**2022 NJ FCCLA FALL LEADERSHIP CONNECTION**

**COVID SAFETY PERMISSION FORM**

Safety is a top priority for NJ FCCLA and because we are in -person we need to establish some reasonable safety precautions for our students, advisers and guests. Therefore, all attendees and staff are expected to wear an appropriate, quality mask covering effectively covering the mouth and nose.

Any person exhibiting symptoms of COVID-19, or knowingly exposed to the disease, should not attend the 2022 Fall Leadership Connection. Any person refusing to comply with required safety protocols will be required to leave the conference at their own expense.

I confirm that I have not knowingly been exposed to anyone testing positive or presenting symptoms of COVID-19 within the last six (6) days before arriving on site.

I confirm I have not myself tested positive or presented any of the symptoms of COVID-19 listed below. I will not enter the FLC facility if I am experiencing any signs or symptoms of COVID-19. I acknowledge that common symptoms of COVID-19 include:

• Fever (temperature of 100.4 F or higher) • Chills

• Shortness of breath or difficulty breathing • Cough

• New loss of taste or smell • Sore throat

• Congestion or runny nose • Nausea or vomiting

I expressly agree to fully comply with appropriate COVID-19 health and safety measures and protocols set for attendance at the 2022 FLC, including the requirement to wear face masks at all times, and maintain appropriate social distance.

While in attendance at the 2022 FLC, I will make every effort to maintain CDC recommended hygiene procedures at all times, including following the guidelines of frequent hand washing (or suitable hand sanitizer), avoid touching my eyes, nose, and mouth in public places and covering coughs or sneezes with a tissue or inside my elbow. I agree to follow the protocols as stated throughout the conference.

Waiver of Lawsuit/Liability: I hereby forever release and waive my right to bring suit against NJ FCCLA and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in 2022 FLC. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based upon claims of negligence

I certify that I have reviewed NJ FCCLA Safety and Health Preparedness Plan with my adviser/ chaperone and parent/guardian and agree to follow the protocols as stated throughout the conference. I understand that all attendees not adhering to the safety protocols will not be admitted into the conference area or into any sessions.

NJ FCCLA reserves the right to make modifications to these COVID requirements based on the current health requirements prior to the conference.

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

Date Signature of Local Member

I/We have read the above and understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ must abide by the rules. (Name of Student)

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

Date Signature of Parent/Guardian

**This form must be turned in onsite when picking up conference registration materials at the FCCLA Desk. PLEASE DO NOT SEND SIGNED COPIES TO FCCLA**