CONFERENCE FORMS

The following forms must be completed as part of the State Leadership Conference registration process!

Medical Release Form: to be completed by every student attendee and collected by the local advisor. The local advisor must keep these forms in their possession during the conference.

Code of Conduct: to be completed by every student attendee and collected by the local advisor. The local advisor must keep these forms in their possession during the conference.

Advisor Statement of Assurance: to be completed by each chapter's advisor and submitted to Nevada HOSA by the advisor on-site at registration.

Please have originals and copies of all forms and correspondence for your records and bring them with you to the State Leadership Conference (SLC). The forms are available at the end of this Registration Guide.

Medical Release Form

Each student attending a Nevada HOSA event must complete and submit a copy of this form to their advisor

Event Name	**NEVADA HOSA STATE LEADERSHIP CONFERENCE**	
Student Name		Date **March 05-07. 2025**
Home Address		
City		Zip Code
Home Phone	Cell Phone	Date of Birth
High School		School Phone
State Advisor		

AGREEMENT

This is to certify that the above-named student has my permission to attend the HOSA conference or event listed above. I also do hereby, on behalf of the above-named student, absolve and release the school officials, the HOSA chapter advisors, and the HOSA staff from any claims for personal injuries which might be sustained while he/she is in route to and from or during the event.

I authorize the above-named HOSA advisor(s) or HOSA 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 of these costs.

I have read and agree to abide by the Nevada HOSA Conduct Code. I also agree that the school officials, the HOSA chapter advisers, HOSA staff, or the Conference Conduct Committee, have the right to send the above-named student home from the activity at my expense, provided that in their opinion the seriousness of a Conduct Code violation warrants it.

MEDICAL INFORMATION

Known Allergies (drug or natural)	
Special Medications Being Taken	
History of heart condition, diabetes, asthma, epilepsy, etc.	Date of last tetanus shot
Any physical restrictions	
Personal Doctor	Doctor Phone

INSURANCE INFORMATION

Insurance Company	Policy Number
Coverage and Limitations	

SIGNATURES

Student Signature	Date
Parent or Guardian Signature (required for any member under age 18)	Date

Code of Conduct and Permission Form

A good reputation enables us to take pride in our organization. As a participant at Nevada HOSA functions, you represent the whole organization. Nevada HOSA members have an excellent reputation of standards to uphold. Your conduct at any HOSA function must enhance the reputation that has already been established by Nevada HOSA. Please carefully read the following conduct code agreement and sign below.

I understand that my behavior at all times should be such that it reflects credit to my school and the organization. I agree to respect the rights of others in relation to myself, my manners, noise, language, and general conduct.

I agree to attend all competitive events, business meetings, workshops, and other scheduled activities on time and well prepared.

I agree to report any accidents, injuries, or illnesses to a Nevada HOSA designee immediately.

I agree to observe the designated curfew. (Curfew is described as in your own assigned room and quiet by the designated hour.)

I agree not to deface or vandalize property, public or private, and understand that I will have to pay for any damages incurred myself.

I agree not to purchase, consume or be under the influence of alcohol or drugs at any Nevada HOSA activity. No alcoholic beverages or non-prescribed drugs (including tobacco) shall be in my possession or consumed at any time while representing the Nevada HOSA organization.

I grant permission to Nevada HOSA and its staff/contractors, State Department of Education, and sponsors/supporters to use the above delegate's name and likeness (including photographs, video footage, silhouettes, and audio clips) in publications, productions, promotions and on websites for informational, promotional and other related purposes without further consideration, and acknowledge the right of Nevada HOSA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.

I agree to dress neatly and appropriately for the occasion. I will be in professional HOSA attire for all meetings. (See specifics on conference dress code page).

I agree to be honest and not to take unfair advantage of others.

I understand that if I disregard the rules, I will be subject to disciplinary action and will be asked to return home at my own expense.

I have read the above Conduct Code rules and agree to abide by them.

Name (Print)	Signature	Date
Parent Name (If under 18 years of age)	Signature	Date

Statement of Assurance Form

Advisors attending Nevada HOSA events must review, sign, and return this statement of assurance along with their registration materials for each Nevada HOSA conference/event.

Nevada HOSA State Leadership Conference
March 05-07, 2025

As the advisor responsible for the students attending this event, I confirm that:

I have reviewed the Medical Release Form and the Code of Conduct with my students. I will have a completed copy of the Code of Conduct for each student attending in my possession for the duration of the above event, including travel to and from this event.

I understand that Nevada HOSA will not collect the individual Code of Conduct forms for this event and that they are to be kept in my possession.

I understand that students attending the above event will have the opportunity to participate in activities outside of the conference facility, thus requiring walking or further public transportation. I have discussed this with the students and their parents/guardians and have also informed them of proper etiquette and safety precautions while traveling in/around metropolitan areas.

I understand that proper completion of the Medical Release and Code of Conduct forms provides the best protection for my students' needs and my liability during a Nevada HOSA event.

I have checked with my administrator and have secured authorization for my chapter to travel to this event and have reviewed all school/district policies regarding supervision of students on trips and will abide by them.

The responsibility for the safety of the delegates from this chapter rests with people signing this Statement of Assurance.

I will participate in all general sessions during the conference and fulfill my assigned responsibilities during the conference.

I will patrol the halls (even during the day, if necessary), stay up until students and/or halls are quiet, enforce the conference Code of Conduct and Dress Code, and regularly check-in with my students.

I will ensure that myself and chaperones assisting me will:

Be 21 or older

Follow the conference Code of Conduct and Dress Code

Act responsibly and interact appropriately with students

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated on the Medical Release and Code of Conduct forms as indicated by my signature appearing below.

Advisor Signature:	
Chapter Name:	
Date:	