1. Teachers/advisors will assume full responsibility that delegates abide by the SkillsUSA Georgia dress code and code of behavior at all times including travel to and from conference.

2. Participants shall be prompt and prepared for all activities. All delegates shall behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or SkillsUSA Georgia. Delegates should wear name badges at all times except in sleeping quarters.

3. Delegates shall be fully clothed at all times outside of living quarters. This includes movement between rooms.

4. Delegates agree not to consume or have in possession any alcoholic beverages or non-prescription narcotics, gamble, smoke or use other tobacco products during the conference.

5. Conduct not conducive to an educational conference will not be tolerated. Examples of unacceptable conduct includes, but is not limited to, disrupting a businesslike atmosphere, consorting with non-conference individuals or any activities which will endanger self or others.

6. Delegates are expected to attend all general sessions. Student participants shall not leave the hotel premises without the permission from their advisor. Delegates shall keep their advisors informed of their activities and whereabouts at all times.

7. Delegates shall observe the curfew hour. It is the responsibility of the teacher/advisor to ensure compliance with this article.

8. Delegates shall refrain from all types of roughhousing including dropping articles out of the windows. Delegates understand that girls’ hotel rooms are off limits to boys and boys’ rooms are off limits for girls unless an advisor is present. Chapters found in violation will be asked to leave.

9. Delegates agree to pay for all phone calls made from their rooms. These will be shown on individual bills and paid for by the local chapter or chapter members.

10. Delegates shall respect the hotel property of which they are a guest and will pay for any property damage or loss that occurs due to their stay during the conference.

11. Delegates shall not use portable stereos or other loud music making devices outside their rooms and will keep the volume low while they are in rooms.

12. Participants violating any of the rules of conduct will subject their entire delegation to be unseated.

13. Participants may be sent home at their own expense for violating any of these rules of conduct. Violators (and their chapter) may be suspended for one year.

It is hoped that each student attending the conference will take this Code of Behavior with a positive attitude so that SkillsUSA Georgia will continue to have the respect of education, business people and the general public.

Student’s Signature______________________________________ School________________________

I have read and understand the Code of Behavior. I have informed my son/daughter of the importance of his/her conforming to its provisions.

Date_________________________ Parent’s Signature_____________________________________

I have read and understand the Code of Behavior. I have informed my students of the importance of his/her conforming to its provisions. I have reminded them also that an infraction will be reported to me by the State Director who has the authority to take prudent disciplinary action as he or she sees fit.

Date_________________________ Principal’s Signature____________________________________

I have read and understand the Code of Behavior. I have instructed my students of the importance of his/her conforming to its provisions. I understand that I am responsible for said student’s actions while participating at the conference.

Date_________________________ Advisor’s Signature____________________________________
SkillsUSA Georgia
Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any SkillsUSA Georgia Conference require this form. No conference attendee is allowed to participate unless SkillsUSA Georgia receives this form. Parents and chapter advisors: Please make a copy of this completed form for your records.

First, each student must complete local school system medical release form. This form should be kept by the local chapter advisor and follow local school system policy.

Name__________________________________________ Home Telephone ________________________________

Home Street Address____________________________ City/State/Zip ________________________________

Advisor ________________________________ School ________________________________

Advisor Cellphone Number (for emergency use only) ________________________________

At Home Emergency Contact: ______________________ Phone number: ______________________

“I hereby agree to release SkillsUSA Georgia, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the SkillsUSA Georgia State Leadership and Skills Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.”

“I do voluntarily authorize SkillsUSA Georgia local chapter advisors, state advisor, state director, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.”

“I agree to indemnify and hold harmless National SkillsUSA, SkillsUSA Georgia and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.”

“I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the SkillsUSA Georgia activity, including time traveling to and from the conference.”

“I permit SkillsUSA Georgia to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications.”

__________________________________________ Date

Signature of parent or guardian (if child or student)

__________________________________________ Date

Participant’s or advisor’s signature

A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.