



# Texas HOSA Leadership Development Institute August 4-7, 2019

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TO: HOSA, TA State Officers, Area Officers, Advisors, Area, State and Fall Conference Chairs, and Board Members  
FROM: Janet Villarreal, Executive Director  
Kelly Cowan, Texas Officer Coordinator  
DATE: March 6, 2019  
SUBJECT: Texas HOSA Leadership Development Institute

The Texas Leadership Development Institute (LDI). The LDI meeting will be held On August 4-7, 2019 at:

Hyatt Hill Country  
9800 Hyatt Resort Dr  
San Antonio, TX 78251  
(210) 647-1234

The purpose of this meeting is to enable the new student officers to plan their ensuing year. Officers will participate in leadership training, conference planning, and formulate a program of work. There will also be training for area, state and fall leadership conference chairs, where they will receive training regarding the planning and organizing of their conferences.

**The following are expected to attend:**

**Dates:**

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| • All area and state officers              | August 4-7, 2019 (optional departure 8/6 after 8:00pm) |
| • Officer advisors                         | August 4-7, 2019 (optional departure 8/6 after 8:00pm) |
| • Fall, spring and state conference chairs | August 4-6, 2019                                       |
| • HOSA, TA Budget Committee                | August 4-7, 2019                                       |
| • HOSA, TA Board of Directors              | August 5-7, 2019                                       |

**Arrival and Departure Times:**

- **Area/State Officers and their Advisors:** Arrive Sunday, August 4 by 12:00pm (lunch provided); Depart Tuesday, August 6 after closing dinner (approximately 8:00 pm) **OR** Wednesday, August 7, by 11:00 am.
- **Conference Chairs:**
  - **Fall, Spring and State:** Arrive Sunday, August 4 by 12:00pm (lunch provided); Depart Tuesday, August 6 by 11:00am.
- **HOSA, TA Budget Committee:** Arrive Monday, August 4 by 12:00pm (lunch provided); Depart Wednesday, August 7 by 11:00am.
- **Board Members:** Arrive Monday, August 5 by 12:00pm (lunch provided); Depart Wednesday, August 7 by 11:00 am.

## Registration:

Registration opens April 15, 2019 through <https://www.registermychapter.com/hosa/tx/ldi/>. The deadline for registration is May 31, 2019. **PLEASE DO NOT CALL THE HOTEL TO MAKE RESERVATIONS. Texas HOSA will make all reservations for attendees.**

## Conference Fees

Conference fees are all inclusive. The conference fees include registration, LDI t-shirt, conference materials, lodging and meals.

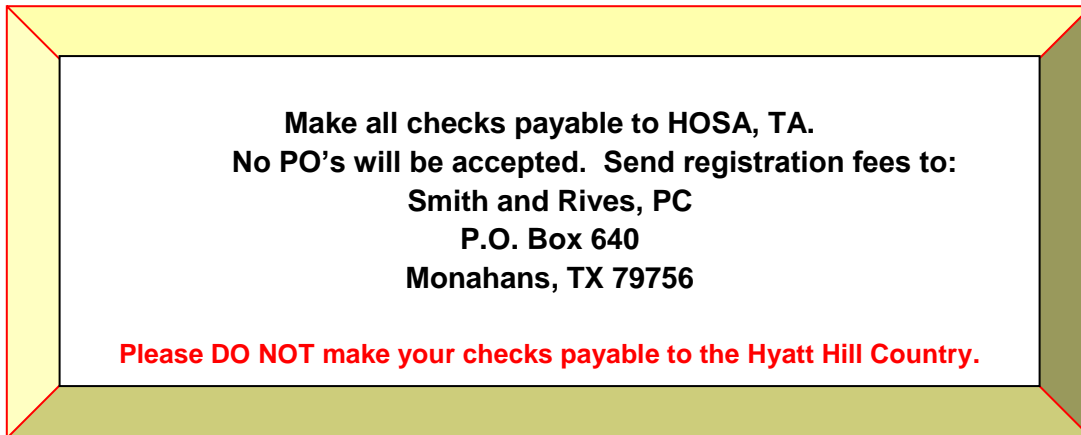
**3 nights + meals**                      \$550.00/person

**2 nights + meals**                      \$450.00/person

If your school/district **is not** able to provide funding for the conference, financial assistance is available from Texas HOSA. A letter must be submitted to [kelly.cowan@texashosa.org](mailto:kelly.cowan@texashosa.org) detailing the assistance requested (travel, lodging, meals) and for whom (names of participants and school). Letters must be received by the registration deadline.

**Texas HOSA will not provide single room accommodations under financial assistance. Advisors/Conference Chairs will be expected to share a double occupancy room. All officers will be roomed in quad/double accommodations as appropriate. Single room accommodations will be the responsibility of the school/district or individual participant.**

Any schools/districts that will be providing funding must submit payment by **July 1, 2019** to the address below.



Self-parking at the hotel is complementary.

Valet parking is approximately \$20.00 per day and will not be reimbursed by HOSA, T.A.

**To be turned in on site:**

- HOSA Code of Conduct Form **(Officers only)**
- Medical Liability Form **(all participants)**
- Water Activity Waiver Form **(Officers only)**
- Advisor Code of Conduct **(Advisors/Conference Chairs/BODs)**
- Officers: At least one laptop per area
- Conference chairs and Board Members: laptop

**What to bring /wear:**

- Appropriate casual attire to include shorts of appropriate length, khakis, jeans
- HOSA t-shirts
- Sturdy tennis shoes/socks
- Cameras
- Avoid flip flops and sandals
- Officers HOSA uniform for pictures
- Advisors, conference chairs and board of directors – business attire and casual wear

# HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established. **HOSA Conference participants are AWARE THAT:**

1. HOSA follows the UIL rules and regulations established for secondary high schools.
2. STUDENT behavior should at all times be a positive reflection of your school and Texas HOSA.
3. Student conduct is the responsibility of the student and their advisor.
4. STUDENTS will abide by the HOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities. HOSA conference name badges shall be worn at all times when participating in HOSA conference activities.
5. STUDENTS are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
6. STUDENTS shall keep their advisors informed of their activities and whereabouts at all times.
7. STUDENTS who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
8. STUDENTS may not purchase, consume, or be under the influence of alcohol or drugs at any time. Smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor immediately.
10. STUDENTS are expected to observe the designated curfew. (Curfew is defined as being quietly in your own assigned room by the designated hour.)
11. The student and his/her parents will be expected to pay for any and all damages relating to student behavior which results in loss or damage to property.
12. Students and/or parents will be responsible for any long distance phone calls, charges to the room, etc.
13. **I have read the above Code of Conduct for HOSA Conferences and agree to abide by the rules.**

I, \_\_\_\_\_, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

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Printed Name of Parent / Guardian      Parent / Guardian Signature      Date

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Printed Name of Student      Student's Signature      Date

# HOSA, TA Advisor's and Chaperone's CODE OF ETHICS

**HOSA ADVISORS AND CHAPERONES ARE EXPECTED TO:**

1. Project a positive and professional image of Texas HOSA to all those with whom they interact.
2. Promote HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Be accountable to and for their students in all HOSA-related activities.
4. Understand and follow established processes within the HOSA organization that protect the rights of all members.
5. **PERFORM** all assigned duties. Failure of an advisor to perform their duties may result in their chapter being disqualified from conference activities by the Board of Directors.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA function implies acceptance and practice of these standards.

I have read the above Code of Ethics for HOSA Advisors/Chaperones and agree to accept and practice these standards.

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<b>Signature</b> Please check one	<b>Chapter number</b>	<b>Date</b>
<input type="checkbox"/> <b>Advisor</b>		<input type="checkbox"/> <b>Chaperone</b>

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 Plan of Action: For failure to follow the Advisor/Chaperones Code of Ethics.  
 Conference with the Board of Directors.  
 Consequences to be determined by the Board of Directors, up to notification sent to the appropriate administrators.

I, \_\_\_\_\_, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recording, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and /or sound recordings for educational and promotional purposes on any delivery system

\_\_\_\_\_

Advisor Signature/Date

# MEDICAL LIABILITY RELEASE FORM

**DIRECTIONS:** Due to legal restrictions, it is necessary that all delegates, Chaperons, guest and HOSA advisors complete this form as a prerequisite for eligibility to attend any HOSA Leadership Conference. The HOSA chapter advisor should keep the original copy for Area and State Conferences. For National Conference, the original forms are sent to the State Advisor who forwards them to National HOSA.  
PLEASE TYPE OR PRINT ALL INFORMATION

Delegate's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Delegate's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_

School Name: \_\_\_\_\_

Student is covered by group or medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following information:

Name of insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- a. Allergy: \_\_\_\_\_
- b. Physical Handicap: \_\_\_\_\_
- c. Convulsions: \_\_\_\_\_
- d. Medicine Reactions: \_\_\_\_\_
- e. Blackouts: \_\_\_\_\_
- f. Disease of any kind: \_\_\_\_\_
- g. Heart or Lung problems: \_\_\_\_\_
- h. Other (be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

\* Name of medication: \_\_\_\_\_

\* Prescribing Physician and Phone Number: \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(The above line must be signed by the parent or legal guardian, regardless of applicant's age with the exception of post-secondary applicants.)

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

## HOSA, TA WATER ACTIVITIES

### Student Liability Waiver Form

To be completed for every student delegate registered for the HOSA, TA Leadership Development Institute (LDI), held at the Hyatt Hill Country Resort, August 4-7, 2019.

Parent(s) or legal guardian(s) of students participating in water activities during HOSA, TA LDI must read and sign this document and **return the completed form upon on-site registration at the Leadership Development Institute.** Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of on-site registration, your son/daughter will not be allowed to participate in any water activities offered at the Hyatt Hill Country Resort.

In consideration of any and all privileges made available to my son/daughter, \_\_\_\_\_,  
(print son/daughter's name)

by the Hyatt Hill Country Resort and HOSA, TA, I agree to assume all risks associated with participation in any form of recreational water activity during the conference. I acknowledge that use of the resort water recreational facilities is done at the participants own risk, and a life guard will not be on duty. I hold the Hyatt Hill Country Resort, HOSA, TA and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this activity, regardless of cause. I understand the contents of this Liability Waiver form and agree to see that my son/daughter adheres to the facility's rules regarding use of the water recreational facilities.

Parent or guardian name (print):

\_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date \_\_\_\_\_