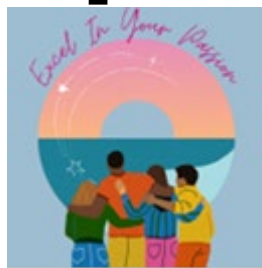




Area 5 2022 Fall Leadership Conference Memo

You are invited to the Area 5 Fall Leadership Conference!



Date: September 6, 2022

To: All Area 5 Advisors

From: Jenni Meador jmeador@aledoisd.org

Conference Date: **Oct 22, 2022**

Registration Deadline: **Oct 12, 2022**

Location: Aledo High School

1008 Bailey Ranch Rd Aledo, TX 76008

Fall Leadership Conference is open to all HOSA students wishing to attend. Texas HOSA Fall Leadership Conference is an event for all current & prospective HOSA members as a motivational tool and to showcase the opportunities that HOSA offers.

Registration: All participants (students, advisors, and chaperones) must be registered using the online registration system by visiting apps.hosa.org and select "area 5". Registrants not yet affiliated will be registered as "guest".

Fees Due: October 18th, 2022

Advisor: \$20.00

Secondary, Middle Student: \$20.00

Guest (chaperones and students not affiliated yet): \$20.00

All Conference Registration fees will be **Mailed** to



**Texas HOSA
P. O. Box 640
Monahans, Texas 79756**



Make all registration fees checks payable to HOSA, TA
No PO's will be accepted.

You are required to pay a registration fee for every student and advisor that you have registered online. No deletions or refunds will be made after the conference registration deadline.

Attire: School appropriate attire is required for this conference.
HOSA pride t-shirts are preferred.

Parking: Enter the campus from FM 1187/Bailey Ranch Road. Buses may park in front of the Daniel Ninth Grade Center. All other vehicles should park in front of Aledo High School. [See map for details.](#)

Meals: Water and a choice of a Chick-Fil-A sandwich/chips or a Vegetarian Chick-Fil-A wrap/chips will be included with registration.

Snacks: Chips, candy, and soda will be available for additional purchase throughout the day. Cash only will be accepted.

Officer Corner:

Area 5 Color is Hot Pink!

Area 5 is ecstatic to welcome members to our Fall Leadership Conference! Members can “Excel In Your Passion” through the various breakout sessions, a picturesque photo backdrop, and our “Get Inked” service project activity!

This year’s breakout sessions hosted by the Area officers will feature Team Building Exercises and a “Texas HOSA Officer Election Update” session to inform members on the new election process with a chance to ask questions!

While members maneuver through the FLC activities, they’ll be able to participate in the National Service Project- Be the Match! Tattoos of our FLC logo will be available for \$2 each, and all proceeds will go to Be the Match! Our “Get Inked” fundraiser is bound to be a hit, so bring your friends and teachers and get matching tattoos to show off your Area 5 spirit!

Don't forget! An Area 5 FLC would not be complete without a spirit award! Does your school have enough spirit to bring home the spirit stick? Bring your Area 5 spirit, enthusiasm, and your Area 5 officers will crown the spirit award winner at our closing session!

As we count down the days to FLC, continue to send in pictures so that we can highlight our members! All photos can be sent to our Instagram @officialtxhosaarea5 or emailed to us at texasarea5hosa@gmail.com!

We are so excited to see our members at FLC and see what they’ve been up to since the school year started!



Tentative Schedule

Onsite Check-in: 8:00am-9:00am

Opening Session: 9:00am

Session 1: 9:55am - 10:25am

Session 2: 10:35am - 11:05am

Session 3: 11:15am - 11:45am

Lunch: 11:45am - 1:00pm

Session 4: 1:10pm - 1:40pm

Session 5: 1:50pm - 2:20pm

Session 6: 2:30pm - 3:00pm

Closing Session: 3:10pm - 3:45pm

Session choices will be made available upon arrival.

We will attempt to ensure all students attend each session however that may not be possible. Since HOSA is about Leadership and Education, the idea is to take the information presented today back to your home chapter and proceed to share the information in your HOSA meetings.

Sessions may include one or more of the following: Suturing, Injections, Moulage, Airway Management, EMS, Fire, US Army, College Walks, and so much more.

Recommended Hotels (listed in order by preference)

SpringHill Suites by Marriot Weatherford Willow Park

500 Shops Boulevard
Willow Park, TX 76087
818-458-8100

Holiday Inn Express & Suites Weatherford

850 Interstate 20 East
Weatherford, TX 76087
817-341-6299

Hampton Inn Weatherford

2524 S. Main Street
Weatherford, TX 76087
817-599-4800

Clarion Inn & Suites Weatherford South

119 Wall St.
Weatherford, TX 76086
817-594-9699

Fairfield Inn & Suites

4880 Citylake Blvd E
Fort Worth, TX 76132
682-250-7500

School: _____

Advisor: _____

HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. Texas 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 always 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 Texas 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 must 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 always informed of their activities and whereabouts.
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 or Texas HOSA sanctioned activity on or off school property or on conference site is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor or state staff 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.) Curfew can be found in conference memo.
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.

Printed Name of Parent / Guardian Parent / Guardian Signature

Date

Printed Name of Student Student's Signature

Date



HOSA 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 Texas 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 Texas 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.

Chapter number _____ School _____

Advisor _____

Signature

Date

Chaperone _____

Signature

Date

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

School: _____

Advisor: _____

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, Chaperones, Guests 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.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Parent/Guardian Telephone: Home: _____ Work: _____

Delegate Physician: _____ Phone Number: _____

Physician's Address: _____

Alternate Contact: _____ Telephone Number: _____

Student is covered by group or medical insurance? Yes, _____ (if yes, complete the following information) No _____

Name of insured: _____

Insurance Company: _____ Group #: _____ Policy#: _____

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

- a. Allergies: _____
- 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 except for post-secondary applicants.)

Delegate's Signature _____ Date _____