

## 2019 Area 3 FALL LEADERSHIP CONFERENCE

DATE: 11/2/19

TO: All Area 3 HOSA Advisors

FROM: Kari Lark, Lori Lewis, Michele Brown-Co-Chairs

SUBJECT: Fall Leadership Development Conference

The HOSA Area 3 Fall Leadership Conference will be held on November 2, 2019 at **Independence High School 10555 Independence Pkwy Frisco, Tx 75035**. Fall Leadership Conference is open to **all students** wishing to attend.

Texas HOSA Fall Leadership Conference is an event for all prospective and current 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 on-line registration system (Students do not need to be registered HOSA members).

<http://www.registermychapter.com/hosa/tx/fc>

**Fees:** Advisor \$15.00

Secondary Student \$15.00

Chaperone \$15.00

**Registration deadline is October 16, 2019**

**Conference Registration Fees will be collected at Fall Conference On Site  
Check In**

**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, advisor, and chaperone that you have registered on-line. No deletions or refunds will be made after the conference registration deadline.

If a chapter presents without payment, a personal check could be accepted. This check would be held for a period of two weeks to allow time for the chapter to receive payment from the school/district. In this case if a school/district check is received by the HOSA, TA accountant, within the two-week period, the first check will be returned to the individual that pays by mail. If another check is not received within the two-week period, the first check will be deposited. No cash will be accepted.

On Site Registration will be from 8:00 am to 8:50 am in front of the library.

The Opening General Session will begin at 9:00 am in the auditorium.

Appropriate Attire for this conference will be comfortable clothing. (HOSA t-shirts and jeans are preferred- light pink is the Area 3 color for 2019-2020.

**Parking:** Please park in the lot on the north side of the building (when looking at the front of the school, park in the side lot on the right side of the building).

**Meals/Snacks:** Dominos Pizza, cookies and water will be served for lunch. We will have vegetarian pizza options. There will be snacks and other drinks for sale at our concession stand. All proceeds will benefit the National Pediatric Cancer Foundation.

# 2019 Area 3

## FALL LEADERSHIP CONFERENCE

### Message from Area 3 Officers:

- **Participate in the HOSA National Service Project Fundraiser all proceeds from the concession stand benefit the National Pediatric Cancer Foundation.**
- **Follow us on social media:**
  - **Instagram: @officialtexashosaarea3**
  - **Twitter: @txhosaarea3**

### Tentative Agenda

8:00 am-8:50 am **Check in**

9:00 am-9:45 am **Opening Session-Auditorium**

10:00 am-10:35 am **Session 1**

10:40 am- 11:15 am **Session 2**

11:20 am-11:55 pm **Session 3**

**12:00 pm- 12:45 pm Lunch**

12:50 pm-1:25 pm **Session 4**

1:30 pm-2:00 pm **Closing Ceremony-Auditorium**

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.

*Advisor Meeting will be from 10:00 to 11:30*

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 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 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 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 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 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

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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:

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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's 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. 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: \_\_\_\_\_