SCDC 2024 Registration Packet

**KENTUCKY DECA**

Your State Executive Council has planned an exciting conference for 2024 and we look forward to sharing it with you at the **Hyatt Regency Downtown Louisville March 3-5, 2024**!

Registration will begin at 2:00 p.m. with **an initial required meeting for ALL Advisors/Chaperones at 7:00 p.m. on Sunday, March 3.** The Conference should end by noon on Tuesday, March 5.

**PLEASE READ THIS PACKET OF SCDC REGISTRATION INFORMATION CAREFULLY**

**Special Notes:**

* **Kentucky Level One Events** are available to students that competed at the regional conference but failed to qualify. In addition, if you had students that joined DECA after the close of your regional conference registration or who joined your classes at the second semester, they may also enter the Kentucky Level One Events.
* **Dress Code:**  Students are required to adhere to the published dress code if they wish to go on stage to receive their award(s). State Conference staff will monitor student dress to ensure that adherence is followed and will prevent any student who is inappropriately dressed from entering the stage. In order to prevent this embarrassing situation, **please** review the dress code with your students **AND review their dress before coming to the general sessions or events**.
* **Agenda**: Note that the conference starts on Sunday night and ends on Tuesday. This should allow for fewer academic, sports, and work conflicts for your students. Hopefully you will see this as helpful in regard to busing, fewer lesson plans, better administrative support, etc.
* **Online:** Registration is **ONLY** completed through Online Registration.
* **Performance Events:** Role play and case studies will not be available prior to the actual scheduled prep time at SCDC.
* **Online Testing:** Prior to the conference, DECA Inc events will be tested online. Watch for emails regarding this.

There are non-competitive activities available at SCDC**.**It is not necessary to be a regional winner to attend.Please read the registration materials carefully and complete each portion completely. Please note any deadlines, hotel policies, and event changes. A check paying registration fees must immediately follow your registration submission.

**Change to hotel payment policy:** We have been notified by the hotel that they no longer accept POs and will need to have payment by credit card or school check. ***Please coordinate with the hotel for payment.***

**Below are a few of the 2024 State Career Development Conference Highlights:**

**KEYNOTE ENTERTAINMENT:** This year’s entertainment will be a concert by up-and-coming country artist/performer Nathan Wilson who recently signed a major label publishing deal with RoundHill Music in Nashville.

Students will also be able to participate in playing other games (board and card games) if desired. All advisors are to attend as chaperones. A schedule will be provided with advisor chaperone locations and duties.

**Charitable Donation:** Members and advisors will have the opportunity to wear the new 2024 Kentucky DECA SCDC T-shirt with khakis or jeans (NO HOLES) as opposed to standard business attire during Monday evening’s keynote entertainment and games. To wear the casual attire, a member is encouraged to donate to our charitable donation opportunity, the benefactor of which will be announced at SCDC. Money must be collected by advisors prior to arriving at SCDC and turned in at the time of registration. This is an excellent way to “dress down” and support your local community in need.

**SPECIAL SEATING/MEMBERSHIP CAMPAIGN:** The two largest chapters, two chapters with the highest percent increase in membership, State Officers’ chapters and the chapter with the most professional and alumni members will receive preferred seating at the Opening and Awards Sessions. More information will be provided to you at registration and at the Advisor Meeting on Sunday evening.

**STATE OFFICER ELECTION/VOTING SESSION:** Candidates will give their speeches during Opening Session on Sunday evening, test on Sunday night, and interview on Monday. They will have all day Sunday and Monday to network with chapters, and the election will be held during the Voting Delegate Session. Emphasize to your delegates the importance of their role in the election of the leadership for Kentucky DECA. Their votes help to mold the future of our organization. The delegates will have special seating in the front rows during the Recognition Session. **Delegates are required to be in attendance**.

**SCDC Information Summary**

DATE: Sunday, March 3 – Tuesday, March 5, 2023

LOCATION: Hyatt Regency Downtown, Louisville

TIMES: Registration from 2:00-6:00 p.m. ET, March 3

Final Session should end by noon ET, March 5

REGISTRATION FEE: **Students may not compete unless all fees are paid.**

**Chapter registration submission deadline: February 10, 2024**

No late registration will be accepted.

**Check should be post-marked by February 10, 2024**

Student: $115 Advisor: $130 Chaperone/Bus Driver: $50

HOTEL: Hotel arrangements will be made between the local chapter and the Hyatt Regency. Housing forms and instructions for payment of hotel rooms will be sent to all advisors via email. Room rates are $169/night (this price **does not** include tax). Deadline for housing forms to be submitted to the hotel is **February 12, 2024**. Rooms will be assigned by the hotel at a first come-first served basis. **ROOMS ARE NOT CONFIRMED UNTIL PAYMENT IS MADE.** If all hotel rooms are reserved at the Hyatt Regency, rooms will be reserved at an overflow hotel.

REGISTRATION: Online Registration Only via BLUE PANDA

MAIL CHECK AND COPY OF REGISTRATION TO:

Lisa Oakes, State DECA Advisor

126 General Nelson Dr.

Richmond, KY 40475

Checks are payable to: Kentucky DECA

All fees must be paid prior to the start of the SCDC.

Advisors of current State Officers please contact State Advisor to plan their registration/hotels.

**Eligible Participants**

**Students**

1. All Regions students eligible for competing based upon their placement at regional conference
2. Kentucky only State Pilot Event competitors
3. Those Eligible for the “Kentucky Level One” Events.
4. Regional Outstanding Chapter Members
5. State Officer Candidates and current state officers
6. Current year Regional Officers and Newly elected Regional Officers (will serve next year)
7. Official Voting Delegates, based on membership (may also be in an Event)
8. Chapter Officers
9. DECA members who participated in Special Activities such as Virtual Business Challenge, Stock Market Game, SBE, etc. during the year.
10. Others as designated by the State DECA Advisor. In addition to the previous specifications, all students in attendance must meet the following criteria:
11. Must be a current active member of a chapter that paid local, regional, state, and national dues for that individual.
12. Must have the approval of the school administra­tion, the local advisor, and parent or guardian.
13. Must have submitted registration and all payments by the due date.
14. Must have read and signed in agreement the required forms (to be retained by the local advisor in case of emergency).

**Adults**

1. Chapter Advisors and Official Chaperones
2. Judges and Officials
3. State Staff
4. Local Principals, Superintendents, and Other Personnel.

**Conference Registration Fee:** Everyone attending the SCDC must be registered with the registration fee submitted on time. This includes a registration fee for all advisors, chaperones, members, and school administrators. Judges from your chapter do NOT pay registration fees. No Purchase Orders are accepted as payment for registration. Everyone, with the exception of State Officers and judges, must pay the appropriate total fee.

Make the check for registration fees payable to **Kentucky DECA**. There will be **no refunds** of registration fees after **February 10**. Substitutes when appropriate may be made online until **February 21**.

**Official Voting Delegates:** Official voting delegates must be, when possible, participants in other events. Delegates are based on official membership records of state and national dues. Each chapter is entitled to one voting delegate plus one for every twenty-five (25) members or fraction thereof. The following chart lists the criteria for numbers of delegates:

Total # of DECA members per # of official Delegates (cont’d)

National DECA roster by Feb 3 to attend SCDC

1-25 2 201-225 10

26-50 3 226-250 11

51-75 4 251-300 12

76-100 5

101-125 6

126-150 7

151-175 8

176-200 9

**Meeting of Advisors:** There will be a meeting for **ALL** advisors/chaperones on the first day. This is an impor­tant meeting, and all should be present. Last-minute updates, issues and assignments are discussed at this meeting. There will also be a meeting for ALL advisors on the last day as we will be giving information including deadlines for ICDC registration.

**Adult Assistants:** All advisors attending the SCDC can expect to have duties as an adult assistant, event coordinator, etc. The complexity of the events and the number of phases involved require your help. Please take these respon­sibilities seriously to ensure an equal and fair opportunity to every participant.

Your specific responsibility will be given to you at regis­tration. ALL advisors are needed, and you can expect to have some type of assignment. Any chaperones interested in assisting will be gladly utilized!

**Advisor Retirement:** If you are planning to retire at the end of this year, we would very much like to recognize you at the state conference. We appreciate very much what you have done for DECA. Please give us an opportunity to honor you by completing the Retirement Form.

**Advisors and Chaperones:** All adults and/or advisors must register for the Conference and pay the appropriate registration fee. Chapter Advisors must be in attendance for the ***entire period*** of the Conference. All adults will adhere to the Code of Conduct for all participants. Chapter Advisors will be held responsible for the activities of the students from that chapter. Advisors are not to leave their members without a chaper­on at the hotel. For every ten (10) students from the High School Division attending the SCDC, there should be one adult advisor. The chapter advisor must accompany his/her delegation. Other adult advisors may be any adult (21 or over) named by the Chapter Advisor to serve the chapter in the capacity of chaperone. Chaperones are not to be recently gradu­ated alumni members. Remember that chaperones may also be judges. If your chaperones are also used as judges, they do not have to pay the registration fee as long as you have submitted their name to the State Advisor as a judge no later than February 10th.

**General Information:** Please inspect your student rooms prior to departure to ensure that you are aware of their condition. This is for your protection. The hotel will expect you to work with them on any issues regarding damage. It is recommended that you contact the hotel immediately if your students have an accident that damages any item or part of a room. If the hotel bills Kentucky DECA for damage to a hotel room occupied by any of your students, the bill will be forwarded to your school for payment.

**Dress Code for Career Development Conference:** The proper dress for the conference is "business attire”. The Local Chapter Advisor is responsible for seeing that the Dress Code is enforced. This dress code is not optional. Contestants who do not adhere to the dress code will not be permitted to participate in events or can be disqualified. Improperly dressed finalists will not be allowed on stage to receive awards.

## Name Badges: The official DECA SCDC name badge must always be worn. Hotel security will use the name badge as your authorization to be on the hotel property. If a participant loses a name badge, the Local Chapter Advisor must accompany him/her to the registra­tion area to secure a new one. There will be a charge for any lost name badges.

**Recognition of Chapters’ Membership:** Awards will be based on paid chapter membership as of February 9***.*** Membership awards will be presented to chapters for Greatest Percentage Membership Increase and Largest Chapter Membership.

**Special Needs Students:** If you have any students attending the conference that may need special accommodations, please indicate that at the time you register online. We would like to work with you on providing whatever might be needed for them.

**Kentucky Outstanding Member of the Year:** Those students named Regional Outstanding Members who wish to be considered at the state level will submit a video resume of DECA activities and leadership roles in which the student has participated during the current year. A committee will review the video resumes, narrowing down the competitors to one from each region. The video resumes of those competitors will be shown at Open Session of SCDC with only the student’s name listed. Each chapter (having one vote) will cast their vote for the student they feel should receive the Kentucky Outstanding DECA Member of the Year. The competitor with the most votes will win the award.

All Regional Outstanding Members are eligible to attend SCDC and will be listed in the program. However, only those submitting a video will be eligible for consideration for SCDC recognition of each region and ultimate choice by all Kentucky chapters as the Kentucky Outstanding Member of the Year.

**Kentucky DECA Diamond in the Rough:** Advisors will nominate student or students from their local chapters who exhibit one or more of the following traits:

1. “Went above and beyond the call of duty” in day-to-day activities within the local chapter
2. Encouraged other members and/or chapter
3. Participated in productive, positive chapter activities that normally would be uncomfortable for the student
4. Showed great enthusiasm for chapter/state/national DECA activities, events
5. Showed great personal growth in DECA

Diamond in the Rough awardees will receive a certificate and DECA gift card as well as be called on stage during the Recognition Session. Nominations should be made via email to Lisa Oakes ([lisa.oakes@education.ky.gov](mailto:lisa.oakes@education.ky.gov)) no later than February 16.

**KY Level One Events**: These events are available to students that competed at the regional conference but failed to qualify as well as students that joined DECA after the close of your regional conference registration or joined during second semester.

### Virtual Business Challenge/School Based Enterprise/Stock Market Game: If your chapter has received recognition in any of the above activities or others awarded directly from DECA, Inc., please let us know so that we may recognize your chapter at the SCDC.

**SHOP Kentucky DECA:** Please inform the students you have attending that we will have a mini–Shop Kentucky DECA store on site with a limited quantity of Kentucky DECA items. You will need to pay via cash, check, or Venmo in order to purchase these items.

**Conference Forms:** The KY DECA Board of Directors requires each delegate attending the State Career Development Conference to read and complete the following forms:

* SCDC Delegate (Student & Adult) Conduct Practices and Procedures
* Code of Ethics for Adult Advisors
* KY SCDC DECA Dress Code
* CTSO Medical Release and Covid 19 Waiver Form
* Photo/Video Release and Waiver

Other forms attached:

* Delegate Infraction Report Form
* Teacher Retirement Form
* SCDC Chapter Advisor Assurance Form

If you have already collected any of the signed forms above, they do not need to be completed again.

# SCDC Chapter Advisor Assurance Form: In order to register your chapter, the “SCDC Chapter Advisor Assurance Form” must be completed, signed and turned in prior to receiving your registration information.

**SCDC DELEGATE (STUDENT & ADULT) CONDUCT PRACTICES AND PROCEDURES**

## HIGH SCHOOL DIVISION

1. The term "delegate" shall mean any DECA Member, including Advisors and adult chaperones attending the SCDC (High School, Collegiate, Alumni, Professional).

2. There shall be no defacing of public property. Chapters responsible for any damages to any property or furnishing in the hotel rooms or building will be held responsible.

3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.

4. Delegates should be prompt and prepared for all activities.

5. Delegates should be financially prepared for all activities.

6. Delegates will spend the nights at the conference hotel in their assigned rooms.

7. Delegates will be in their assigned sleeping room throughout the conference curfew hours and will be quiet and respectful of other guests in the hotel.

8. Casual wear will only be accepted during specific social functions as designated during orientation sessions.

9. No alcoholic beverages or narcotics in any form shall be possessed by any delegates at any time, under any circumstances.

10. Cigarette smoking/vaping is not permitted by any student delegate.

11. No delegate shall leave the hotel (except under authorized events) unless permission has been received from Chapter Advisors.

12. Delegates are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc., for which they are registered.

13. Delegates must wear identification badges at all times while on the conference property and outside their sleeping room.

14. The Dress Code will be in effect at all times. (See KY SCDC DECA Dress Code page for details.)

15. Each Chapter/District is responsible for their delegates’ conduct.

1. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive events participants being disqualified. Individual delegates may be sent home immediately at their own expense.

**I have read and agree to conform to the policies established by DECA:**

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| --- | --- | --- |
|  |  |  |
| Parent/Guardian Signature |  | Chapter Advisor Signature |
| Student/Adult Delegate Signature |  | School Name |



**CODE OF ETHICS FOR ADULT ADVISORS**

The rules as stated in the Delegate Conduct Practices and Procedures and the Dress Code are called to your attention for review and should govern the behavior of advisors as well as students.

The KY DECA Board of Directors requires each adult delegate attending the Career Development Conference to read and complete the Code of Ethics for Adult Advisors.

Since a good example is one method of teaching, and students participating in the Conference are impressionable, a Code of Ethics (or guidelines) is set for adult advisors.

It becomes the responsibility of each and every participant to see that proper conduct is adhered to at all times.

Violations of these practices and procedures, as established, will be referred to the KY State DECA Advisor and the President of the KY DECA Board of Directors.

Advisors shall conduct daily meetings with participants for progress reports, time schedules, and other activities.

Advisors shall keep an agenda for each student in order that they may be reached at any time during Conference.

Each advisor shall be responsible for seeing that participants adhere to all conduct practices and procedures.

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| Adult Signature |  | School Name |

**KY SCDC DECA Dress Code**

**(This form is required but retained by the chapter advisor)**

**These guidelines apply throughout the conference for any conference activity except for the game night where casual attire\* is appropriate.**

Attendees at SCDC will be responsible for following the DECA Dress Code with the following modifications:

Before judges and on stage – DECA Business dress but no DECA blazer, sport coat, or jacket required.

Business and general sessions – DECA Business dress but no DECA blazer, sport coat, jacket, tie or scarf required.

Business casual – Socks not required.

After hours and outside of DECA events – adhere to school dress code, no revealing clothing.

Specific events – When a different dress code is necessary based upon the events in which students will be participating, the dress code will be communicated prior to the event.

**Female**

Name badge required at all times.

The skirt/dress length must be at or below the knee.

Dress blouse or dress sweater with dress skirt or dress slacks (blazer optional) or business dress; dress shoes; for a more polished, professional appearance, it is recommended that attendees wear appropriate hosiery/trouser socks.

Unacceptable examples (not inclusive): sandals of any kind, shoes without backs, casual style shoes (canvas, etc), gaucho pants, skin tight or revealing clothes, midriff-baring clothing, leggings, jeggings or graphic designed hosiery/tights, athletic clothing.

**Male** - Name badge required at all times.

Unacceptable examples (not inclusive): sandals of any kind, casual style shoes (hiking, canvas, sneakers**)**, cargo style pants, jeans or other casual pants, T-shirts or shirts without collars, Sweaters of any kind unless worn with a collared dress shirt.

\*Unacceptable examples (Not inclusive) for the Casual night: Skin-tight or revealing clothing, clothing with printing that is suggestive, obscene or promotes illegal substances, swim wear, night wear, shorts, ripped clothing. Shoes required.

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| Parent/Guardian Signature | Chapter Advisor Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student/Adult Delegate Signature | School Name |

**CAREER AND TECHNICAL STUDENT ORGANIZATION**

**ACTIVITY MEDICAL RELEASE/PARENT PERMISSION FORM**

**INSTRUCTIONS**: Students, parents/guardians and chapter advisors must complete this form for each student participant as a prerequisite for the student to attend a career and technical student organization activity. Each chapter advisor must bring the completed forms to the student activity.

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student covered by group or other medical insurance as follows: Provide name of:

Insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe completely any medical condition (past or present) being treated, which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number:

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

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

Parent/Guardian Signature Date

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 ACTIVITY. I GIVE PERMISSION FOR TO ATTEND A KENTUCKY CAREER AND TECHNICAL STUDENT ORGANIZATION CONFERENCE AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT’S PARTICIPATION.

Signature of Parent/Guardian Date:

Signature of Student Date:

Chapter/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KY CTSO Operation Guidelines Handbook Local Edition

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**COVID WAIVER AND RELEASE OF LIABILITY**

To be completed by all Event Participants

**ADULT/STUDENT 18 YEARS OF AGE AND OLDER**

Kentucky DECA has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus (Covid-19) between participants and others attending its events. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control and Prevention (CDC), as well as state and local authorities. However, Kentucky DECA cannot guarantee that event participants will not be exposed to Covid-19 while participating in or attending its events.

By signing this agreement, I acknowledge the risk of Covid-19 transmission while participating in or attending Kentucky DECA’s events and further acknowledge that I am knowingly assuming that risk by voluntarily participating in or attending an event. I further agree to comply with all protective measures and protocols implemented by Kentucky DECA, the event’s host hotel, the event’s suppliers and partners, and/or established by the CDC and state or local authorities.

I specifically affirm and attest to the following, to the best of my knowledge:

• I am not presently experiencing any symptoms of Covid-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell;

• I have not been in close contact with someone with a suspected or confirmed case of Covid-19;

• I have not been diagnosed with Covid-19 and not yet been cleared as non-contagious by my medical provider or public health authorities, consistent with CDC guidance;

• If I (i) develop any symptom of Covid-19, (ii) come in close contact with someone with a suspected or confirmed case of Covid-19, or (iii) am diagnosed with Covid-19, I will not attend the event;

• I am following all guidance from the CDC and state and local authorities regarding Covid-19 and limiting exposure to the Covid-19 virus.

Accordingly, I voluntarily agree to assume all risks and accept sole responsibility for any Covid-19 infection that may result due to my participation in or attendance at the event. I hereby release, covenant not to sue, discharge, and hold harmless Kentucky DECA, its employees, agents, and representatives, of and from any claims associated with, arising from, or related to Covid-19 infection, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Kentucky DECA, its employees, agents, and representatives, whether a Covid-19 infection occurs before, during, or after my participation in or attendance at the event.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MINOR**

Kentucky DECA has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus (Covid-19) between participants and others attending its events. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control and Prevention (CDC), as well as state and local authorities. However, Kentucky DECA cannot guarantee that event participants will not be exposed to Covid-19 while participating in or attending its events.

By signing this agreement, I acknowledge, on behalf of myself and my minor child(ren) named below, the risk of Covid-19 transmission while participating in or attending Kentucky DECA’s events and further acknowledge that we are knowingly assuming that risk by voluntarily participating in or attending an event. We further agree to comply with all protective measures and protocols implemented by Kentucky DECA, the event’s host hotel, the event’s suppliers and partners, and/or established by the CDC and state or local authorities. We specifically affirm and attest to the following, to the best of our knowledge:

• We are not presently experiencing any symptom of Covid-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell;

• We have not been in close contact with someone with a suspected or confirmed case of Covid-19;

• We have not been diagnosed with Covid-19 and not yet been cleared as non-contagious by our medical provider or public health authorities, consistent with CDC guidance;

• If any of us (i) develops any symptom of Covid-19, (ii) comes in close contact with someone with a suspected or confirmed case of Covid-19, or (iii) is diagnosed with Covid-19, we will not attend the event;

• We are following all guidance from the CDC and state and local authorities regarding Covid-19 and limiting exposure to the Covid-19 virus

Accordingly, I (individually and on behalf of my minor child(ren) listed below) voluntarily agree to assume all risks and accept sole responsibility for any Covid-19 infection that may result due to our participation in or attendance at the event. On my behalf, and on behalf of my minor child(ren) listed below, I hereby release, covenant not to sue, discharge, and hold harmless Kentucky DECA, its employees, agents, and representatives, of and from any claims associated with, arising from, or related to Covid-19 infection, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Kentucky DECA, its employees, agents, and representatives, whether a Covid-19 infection occurs before, during, or after our participation in or attendance at the event.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of minor family members participating in or attending event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kentucky DECA

Photo/Video Release and Waiver - Adult

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Adult), give consent to Kentucky DECA, or any party authorized by Kentucky DECA, to use my photograph or video taken for any Kentucky DECA purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, or other media. I release Kentucky DECA from any and all liability that may arise in connection with such use.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kentucky DECA

Photo/Video Release and Waiver - Student

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name), give consent to Kentucky DECA, or any party authorized by Kentucky DECA, to use (circle one) my son’s/my daughter’s photograph or video taken for any Kentucky DECA purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, or other media. I release Kentucky DECA from any and all liability that may arise in connection with such use. I am the parent or legal guardian of the child named below and have the legal authority to execute this consent and release. Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELEGATE INFRACTION REPORT FORM

(Use this form to report infractions committed by delegates at this conference)

Kentucky DECA encourages local advisors to be understanding, supportive, and respectful of their fellow advisors given the difficult task at hand. Whenever possible, share minor issues or minor student misbehavior with the local advisor and provide them an opportunity to be a responsible advisor. For example: students playing, being loud or disruptive behavior in the sleeping area hallways would be appropriate times to ask the local advisor to talk with their students.

However, in cases of illegal activity (i.e. drugs or drinking alcohol), dangerous or life-threatening activities, you should immediately call hotel security and report the activity, giving as much detail as possible.

If an advisor is unwilling or the infraction continues, a chapter advisor may report a violation by using this form.

Date: Time:

Advisor name and chapter reporting the violation:

(in case there are additional questions to help correct the issue)

Location of Infraction:

Violating chapter name (if known):

Violating delegate name (if known):

Other descriptive information:

Type of infractions:

Deface public property – describe:

Possession/use of alcoholic beverages/narcotics:

Curfew Violations

Disruptive hallway behavior/excessive noise.

Floor # Violators room #

Other

**Teacher Retirement Form**

Advisor name:

School:

Other schools in which you taught:

Year you began teaching:      Other areas taught

Number of years that you taught Marketing/DECA

|  |
| --- |
| Marketing/DECA or Local Honors or awards received: |

Marketing/DECA Professional Offices Held:

General Information that relates to your teaching experience:

Unique memories:

Regional/State/National Officers?

Number, level students receiving National Awards?

Number of times you have taken students to Nationals:

My most favorite Marketing memory?

Other career information:

SCDC CHAPTER ADVISOR ASSURANCE FORM

* **SCDC DELEGATE (STUDENT & ADULT) CONDUCT PRACTICES AND PROCEDURES – One for every attendee**
* **CODE OF ETHICS FOR ADULT ADVISORS – One per adult advisor**
* **KY SCDC DECA DRESS CODE – One for every attendee**
* **CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY MEDICAL RELEASE AND COVID LIABILITY WAIVER/PARENT PERMISSION FORM – One for every student participant.**
* **PHOTO/VIDEO RELEASE AND WAIVER – ADULT AND STUDENT**

**The above forms have been completed, signed as required by the appropriate people and are in my possession and available at the SCDC for use when needed:**



Chapter Advisor Signature/School

Hotel Room Number

Cell Phone Number