



Louisiana HOSA State Leadership Conference

Crowne Plaza, Baton Rouge, LA

March 18 – 19, 2024

I give permission for _____ (student) to attend Louisiana HOSA’s State Leadership Conference to be held March 18-19, 2024, at the Crowne Plaza, Baton Rouge, LA.

I agree my child will abide by all rules regarding authorized and unauthorized areas of the Competition site. All participants must follow the assigned program schedule. I understand a professional and respectful attitude is required at all times & is a reflection of their school and family, and Louisiana HOSA.

I understand that student participants will be responsible for the cost of any incidentals or souvenirs they may desire.

Member conduct is the responsibility of the chapter advisor or chaperone. Member is to keep the chapter advisor or chaperone informed of their activities and whereabouts at all times. Member should report any illness, incident, accident or injury to the chapter advisor or chaperone immediately.

Member will not purchase, consume, or be under the influence of any alcohol or drugs at any time during conference. Violators will be subject to stringent disciplinary action.

The State Leadership Conference is a non-smoking conference.

I understand that my child will attend workshops during the conference, and there may or may not be a workshop about gynecology/women’s health that may mention sexual responsibility which may include but not limited to: information about STD’s, HIV/AIDS, pregnancy prevention, contraception, cancer, and HPV vaccines. (No contraception of any kind will be dispensed to any students)

_____ Yes _____ NO Will your child be allowed to attend a workshop of this nature (if there is one)?
If no, it will be the student & teacher responsibility to monitor this.

Parent and student, please initial each section, showing your agreement with these statements:

_____ **Parent** _____ **Student** I agree to hold harmless and indemnify Louisiana HOSA, National HOSA, Crowne Plaza, and all employees and board of Directors associated with same, for personal injuries or illnesses or damages that may occur while I am on the premises or traveling to or from the program as a participant of Louisiana HOSA’s State Leadership Conference.

_____ **Parent** _____ **Student** I have completed/provided the requested medical information, Code of Conduct, and Photo Release, and understand that if the teacher/chapter advisor does not have them along with this form, I will not be eligible to participate in the conference and competition. The signed forms may have been given to the teacher at the start of the year.

_____ **Parent** _____ **Student** I agree that failure to follow all conference rules may result in my parent/guardian being called to pick me up at the parent/guardian expense, and no conference refund will be given. I understand that any damage I cause to the conference facility and expenses incurred will be the sole responsibility of myself and my parent/guardian.

_____ **Parent** _____ **Student** I understand that if I place in the top three in my competitive event, I may be asked to compete at the International Competition in Houston, TX in June (not required), at my own expense. I understand that if the top three cannot compete, the 4th or 5th place person may be invited to compete.

Student Signature

Date

Parent or Guardian Signature

Date

Return this form to your child’s HOSA Chapter Advisor