Louisiana HOSA State Leadership Conference March 2-4, 2026

Registration Form

Registration fee: **\$130/person (includes meals)**Submit this form to your Chapter Advisor with payment.

For Teacher Use:	
Amount Paid:	
Cash or Check #	
All forms submitted?	
Student registered online?	

Please Print Clearly Registration Deadline: January 30, 2026 (check with teacher for YOUR deadline)

		School:					
Cell Phone:							
Email: (personal)							
Student: Chapter Advisor: F-Shirts will be \$12.00 each	_ Guest/Chaper	one:	T-shirt si	ze: (circle one)	S, M, L, XL, Other Size:		
Options / Activities							
List any food allergies/restriction	nsNone, or	List					
State Officer Candidate?	Yes N	No -	Submitte	ed Application	Yes	No	
Voting Delegate?	Yes r	No -	Voting D	elegate ALT?	Yes	No	
Submitted Audition to Sing Nation	nal Anthem	Yes	١	lo			
Will you be willing to participate i						No	
Chapter Flag/Banner/poster Carri	err (only 2 per c	mapter)	Y	esno			
ist second Event to compete in (
1)			2)				
			4)				
3)	participating in:						
	м. и.е.р и и						
			2)				
List Recognition Events you are p							
1)3)			4)				
List Recognition Events you are p 1) 3) List National Geographic Test(s)	you will compete	 e in:	4)				
List Recognition Events you are p	you will compete	 e in:	4)				



Parent or Guardian Signature

Louisiana HOSA State Leadership Conference

Crowne Plaza, Baton Rouge, LA March 2-4, 2026

I give permission for (student) to attend Louisiana HOSA's Steadership Conference to be held March 2-4, 2026, at the Crowne Plaza, Baton Rouge, LA.	State
I agree my child will abide by all rules regarding authorized and unauthorized areas of the Competition site participants must follow the assigned program schedule. I understand a professional and respectful attitude 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 de	sire.
Member conduct is the responsibility of the chapter advisor or chaperone. Member is to keep the chapter advisor chaperone informed of their activities and whereabouts at all times. Member should report any illness, incident 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 confere Violators will be subject to stringent disciplinary action.	nce.
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 work about gynecology/women's health that may mention sexual responsibility which may include but not limited information about STD's, HIV/AIDS, pregnancy prevention, contraception, cancer, and HPV vaccines. contraception of any kind will be dispensed to any students) Yes NO	
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, Croplaza, and all employees and board of Directors associated with same, for personal injuries or illnesses or dama that may occur while I am on the premises or traveling to or from the program as a participant of Louisiana HO State Leadership Conference.	ages
Parent Student I have completed/provided the requested medical information, Code of Condand Photo Release, and understand that if the teacher/chapter advisor does not have them along with this form, not be eligible to participate in the conference and competition. The signed forms may have been given to the teat at the start of the year. If not, please ask for them or go to lahosa.org > chapter affiliation and print the form	l will cher
Parent Student I agree that failure to follow all conference rules may result in my parent/guard being called to pick me up at the parent/guardian expense, and no conference refund will be given. I understand any damage I cause to the conference facility and expenses incurred will be the sole responsibility of myself and parent/guardian.	that
ParentStudent I understand that if I place in the top three in my competitive event, I may be a to compete at the International Competition in Houston, TX in June (not required), at my own expense. I understant if the top three cannot compete, the 4 th or 5 th or other place person may be invited to compete.	
Student Signature Date	

Date