

AzHOSA STUDENT CODE OF CONDUCT

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should reflect credit to you, your school, state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA conference name badges shall be worn at all times.)
3. Participants are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any incidents, injuries or illness to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew is defined as being **QUIETLY** in your **OWN** assigned room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Participants attending any HOSA Conference may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to disciplinary action.
8. Smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property is prohibited.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc., will be the responsibility of the individual student and/or their parents.
11. Participants will abide by the AzHOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities.

I have read the above Code of Conduct for AzHOSA conferences and agree to abide by the rules.

Printed Name of Parent / Guardian

Parent / Guardian Signature

Date

Printed Name of Student

Student Signature

Date

I, _____, hereby grant the Health Career Education program, ADE, AzHOSA and ACTE Az 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.

student signature/date

parent/guardian signature/date