

This form is used at some schools to help facilitate registration at the state leadership conference. It can be easily customized to be used for your chapter.

State Leadership Conference  
Registration Packet

Dear HOSA Member,

We are excited about the upcoming Utah State HOSA Leadership Conference! We hope you will join us March 17<sup>th</sup> and 18<sup>th</sup> for the conference in Layton. The conference will include the competitive events program as well as many educational symposia. Please review the list of what needs to be done to be registered. It will be assumed that when you turn this packet into Mrs. Abbott, Coach. Gillespie, or Miss Landers that you are committed to attending the conference and you will be assessed for all applicable fees - even if you don't attend. There are no refunds.

Name \_\_\_\_\_

Class Period with Mrs. Abbott, Mr. Gillespie, or Miss Landers.

Teacher \_\_\_\_\_ Period \_\_\_\_\_

1. \_\_\_\_\_ You must be a member to attend the conference. Pay your \$18.00 membership fee to the bookstore. If it has been paid already, check off this section.
  
2. \_\_\_\_\_ Registration dues are \$65.00 for the conference, hotel, transportation, and food. Please pay this to the bookstore and include your receipt.
  
3. \_\_\_\_\_ Sign the attached Code of Conduct which indicates the minimum behavior expected at the conference. We want you to remember that you are representing yourself, your family, and Timpview and expect that your behavior reflects your character.
  
4. \_\_\_\_\_ Sign the attached Medical Liability Form.
  
5. \_\_\_\_\_ Indicate at least one person with whom you would like to room.  
\_\_\_\_\_
  
6. \_\_\_\_\_ Complete the events in which you would like to participate. Please refer to the chart to make sure they do not overlap. Please refer to the next pages for the events.
  
7. \_\_\_\_\_ Fitness Fun Run 5K on Friday morning. Additional Registration Fee is \$10.00. Includes a T-shirt. Please indicate size.  
\_\_\_\_\_ I am participating in the 5K Fitness Run.  
\_\_\_\_\_ My T-shirt shirt siz

**General HOSA Information**  
**Timpview High School**

**Event Location - Davis Conference Center:**

800 West Heritage Park Boulevard  
Layton, UT

**HEADING NORTHBOUND ON I-15 DIRECTIONS DISTANCE**

1 Take I-15 NORTH

2 Take EXIT 332 (Syracuse) 0.2 miles

3 Turn RIGHT onto ANTELOPE DRIVE 0.4 miles

4 Turn RIGHT on 700 WEST, Davis Conference Center is on the right 0.2 miles

5 For the Hilton Garden Inn, turn RIGHT on HERITAGE PARK BLVD (first stop sign) 0.2 mil

**Lodging Information**

To be determined.

**Transportation**

We will be leaving after third period on March 17th. We will travel with Lake Shore Charter or Provo School District. If you are NOT riding the bus up with us, please let Mrs. Abbott know. You will need to ask Dr. Bayles for permission. Students are NOT allowed to drive/ride with other students.

We will leave the Davis Conference Center on March 18th at 6:00 pm after Closing Ceremonies. If you are NOT riding the bus back with us, please let Mrs. Abbott know.

If parents are going to pick up their students, please contact the main office for the appropriate forms. Students may NOT drive or ride other students. A parent may pick up other students but needs to fill out the appropriate paperwork with the main office and Dr. Bayles.

**Food**

We will be providing pizza for dinner on Thursday.

We will have breakfast as provided by the hotel.

We will have lunch (sandwiches) on Friday.

We will have plenty of snacks!

**What to Bring**

Bring a sack lunch for Thursday.

Bring business attire – meaning ties, shirts with collars, and dress slacks as well as socks and appropriate footwear for the young men. Young ladies should be dressed in nice pants, shirts with colors, dresses, skirts, with nylons (hose), and closed toes shoes.. There should be NO flip-flop type shoes with business attire. Dress appropriately for your competition. You may bring casual wear for the evening and the ride home. Bring items needed for sleeping and hygiene. Students competing in the Health Professions category, CERT, CPR, or EMT may wear scrubs or other appropriate attire.

A few extra dollars is always a good idea.

Be sure to bring EVERYTHING you need with you for your competition. In some instances, it may be difficult to find what you are missing.

Bring a #2 pencil as many of the competitions involve written tests.

### **Expected Behavior**

It is expected that all students will behave appropriately as to reflect themselves, their families, the school, and the school district. Anyone caught misbehaving will be sent home immediately at their own expenses. THS Administration will be notified as well.

### **Parent Meeting**

We will have a parent meeting ONE week before the event. Time will be at 2:20 pm in L-24.

### **Expected Schedule**

Thursday	10:45	Board the bus, make sure all permission slips are turned in. Bring a sack lunch for the bus.
	12:00	Arrive in Layton. Check into hotel. Go to conference center to pick up registration.
	1:00	Opening Session of the conference begins.
	3:00	Competitions begin
	6:00	Pizza will be served for Timpview HOSA. Snacks will be available as well.
	11:00	Curfew and lights out.
Friday	7:00 am	Fun Run
	9:00 am	Competitions begin
	3:30 pm	Competitions end
	4:00 pm	Closing Ceremonies (Parents are invited to attend this event)
	6:00 pm	Board bus and travel back to Tim Competitive Events

Please put check marks next to the events in which you will be competing. Please check to be sure the events do NOT overlap. Please check the conflict form. You may compete in as many events as you wish. The scholarship event is the National Recognition Program - available to seniors only. A

description of the events can be seen at [www.hosa.org](http://www.hosa.org) or see Mrs. Abbott.

**Category I - Health Science Events**

- \_\_\_\_\_ Medical Terminology
- \_\_\_\_\_ Dental Terminology
- \_\_\_\_\_ Medical Spelling
- \_\_\_\_\_ Dental Spelling
- \_\_\_\_\_ Medical Math
- \_\_\_\_\_ Pharmacology Test
- \_\_\_\_\_ Concepts of Basic Health Care Test
- \_\_\_\_\_ Human Growth and Development Test
- \_\_\_\_\_ Nutrition Test
- \_\_\_\_\_ Pathophysiology (Diseases and Disorders) Test
- \_\_\_\_\_ Health Lifestyles

**Category II - Health Professions Events**

- \_\_\_\_\_ Biotechnology
- \_\_\_\_\_ Clinical Nursing
- \_\_\_\_\_ Clinical Specialty
- \_\_\_\_\_ Dental Assisting
- \_\_\_\_\_ Home Health Aide
- \_\_\_\_\_ Medical Assisting
- \_\_\_\_\_ Nursing Assisting
- \_\_\_\_\_ Personal Care (special needs event)
- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Sports Medicine
- \_\_\_\_\_ Veterinary Assisting

**Category V - Team Events**

*Please let your team members. It will indicate the minimum number you must have. Include yourself as a team member!*

**Category III - Emergency Preparedness Events**

- \_\_\_\_\_ CPR/First Aid (Team of 2)  
Partner; \_\_\_\_\_
- \_\_\_\_\_ Emergency Medical Technician (You must have taken an EMT course) (Team of 2)  
Partner: \_\_\_\_\_
- \_\_\_\_\_ First Aid/Rescue Breathing (special needs event)
- \_\_\_\_\_ CERT Skills (You must have taken an official CERT class) (Team of 2)  
Partner: \_\_\_\_\_
- \_\_\_\_\_ Public Health Emergency Preparedness (Must have 2)
  - 1.
  - 2.
  - 3.
  - 4.
- \_\_\_\_\_ Epidemiology
- \_\_\_\_\_ MRC Partnership

**Category IV - Leadership Events**

- \_\_\_\_\_ Extemporaneous Health Poster
- \_\_\_\_\_ Extemporaneous Speaking
- \_\_\_\_\_ Extemporaneous Writing
- \_\_\_\_\_ Medical Photography
- \_\_\_\_\_ Job Seeking Skills
- \_\_\_\_\_ Prepared Speaking
- \_\_\_\_\_ Researched Persuasive Speaking
- \_\_\_\_\_ Interviewing Skills (special needs event)
- \_\_\_\_\_ Speaking Skills (special needs event)

- \_\_\_\_\_ Community Awareness  
Team Members (must have 2)
  - 1.
  - 2.

3.  
4.  
\_\_\_\_ Creative Problem Solving  
Team Members (must have 3)

1.  
2.  
3.  
4.  
\_\_\_\_ Forensic Medicine  
Team Members (must have 2)

\_\_\_\_ HOSA Bowl  
Team Members (must have 3)  
1.  
2.  
3.  
4.

\_\_\_\_ Career Health Display  
Team Members (must have 2)  
1.  
2.  
\_\_\_\_ Medical Reading  
Team Members (must have 3)

1.  
2.  
3.

\_\_\_\_ Parliamentary Procedure  
Team Members (must have 5)  
1.

**Category VI - Recognition Events**

\_\_\_\_ Outstanding HOSA Chapter  
\_\_\_\_ National Recognition Program  
\_\_\_\_ Kaiser Permanente Health Care Issues  
Exam  
\_\_\_\_ National Service Project  
\_\_\_\_ Barbara James Service Award  
\_\_\_\_ Outstanding Alumni Member  
\_\_\_\_ Outstanding State Leader  
\_\_\_\_ Chapter Newsletter  
\_\_\_\_ HOSA Week

2.  
3.  
4.  
5.  
6.  
7.  
8.  
\_\_\_\_ Biomedical Debate  
Team Members (must have 3)

1.  
2.  
3.  
\_\_\_\_ Medical Reading  
Team Members (must have 3)  
1.  
2.  
3.

\_\_\_\_ Health Education  
Team Members (must have 2)  
1.  
2.  
3.  
4.

\_\_\_\_ Public Service Announcement  
Team Members (must have 3)  
1.  
2.  
3.  
4.  
5.  
6.



### HOSA 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 thereputation that has been established.

1. Your behavior should be professional at all times and reflect positively of you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of the student monitored by 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 while in the hotel or conference center. Students should stay in groups and not leave with strangers.
3. You 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. If you do not attend the general sessions and competitions, you will be required to be the state and district back for any funds received.
4. Members are to report any accidents, injuries or illnesses to their local and state advisor immediately. School and district administration will be notified as needed.
5. Members are expected to observe the designated curfew. (Curfew means being in your own room by the designated hour.)
6. Students are responsible for paying any additional room charges-phone calls, movies, food, etc.- as well as any charges incurred for vandalism, damage or theft.
7. Members/participants attending the HOSA event may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action. Prescription medications may be used only as prescribed.
8. Smoking or chewing tobacco is not allowed.
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 as will school and district administration.
10. Students are not to have access to vehicles during the HOSA activity. In case of exception approved by the high school principal and the parent, the student is not to be transport other students.
11. Members should abide by the dress code during the entire event. Tank tops, mini-skirts, minishorts, bikinis, spaghetti straps are unacceptable during the conference. Please refer to the HOSA dress codes at [www.hosa.org](http://www.hosa.org).

### GENERAL SESSIONS PROTOCOL

The general sessions should be enthusiastic, but must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. People that do not adhere to general session protocol will be asked to send a representative to a special meeting of the State Executive Council.

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

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Print Name of Parent/Guardian	Parent/Guardian Signature	Date
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Print Name of Student	Student Signature	Date
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Print Name of Advisor	Advisor Signature
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Copies should be made and kept by the chapter advisor. For the National Leadership Conference, a copy should also be sent to the state advisor.

**MEDICAL LIABILITY RELEASE FORM**

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests and HOSA advisors complete this form to be eligible to attend all Utah HOSA and National HOSA events. The copies should be retained by the local advisor unless otherwise requested. For the National Competition, one copy must be sent to the state advisor.

**PLEASE TYPE OR PRINT ALL INFORMATION**

*Delegate Parent/Guardian*

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

Home Address: \_\_\_\_\_

Parent/Guardian Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information:

Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: \_\_\_\_\_ e. Physical Handicap: \_\_\_\_\_

b. Convulsions: \_\_\_\_\_ f. Medicine Reactions: \_\_\_\_\_

c. Blackouts: \_\_\_\_\_ g. Disease of Any Kind: \_\_\_\_\_

d. Heart/Lung Problems: \_\_\_\_\_ h. Other (Be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of Medication(s): \_\_\_\_\_

Prescribing Physician 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, Utah State HOSA 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 know element associated with an activity including competitive events. *Please note: If the advisor feels that the student is in medical danger, medical care may be sought before parents/guardians can be notified. Parents/guardians will be responsible for any fees incurred with emergencies.*

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give permission for immediate medical treatment as required in the judgement 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: \_\_\_\_\_

(Applicable for delegates who are registered as secondary (high school) delegates and must be signed by the parent or legal guardian.)

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

