

## Student Information

\_\_\_\_\_  
**Competitor Event Code**

\_\_\_\_\_  
**Passport Number**

\_\_\_\_\_  
**Chapter**

\_\_\_\_\_  
**Email Address**

### ATTENDANCE:

This is to certify that \_\_\_\_\_ has my permission to attend the ICDC in  
(Print student's Name)

**Atlanta, Georgia.** I also do hereby, on behalf of \_\_\_\_\_ absolve and release the  
(Print student's Name)

school officials, the DECA advisors and the assigned International/Provincial DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to, from or during a DECA-sponsored activity.

### EMERGENCY:

I authorize the advisor to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs if the insurance does not cover it.

We have read and agree to abide by the DECA Code of Conduct. We also agree that school officials, the DECA chapter advisors, the International/Provincial DECA staff, or the Conference Conduct Committee, have the right to send

\_\_\_\_\_ home from the activity at our expense, provided that he/she has violated the Code of  
(Print student's Name) Conduct and/or his/her conduct has become a detriment.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Chapter Advisor Signature**

\_\_\_\_\_  
**Principal's Signature**

## Health and Safety Form (Student Form)

All information will be kept confidential.

Student's Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_  
(MM DD YY) (Home Phone)

Family Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ontario Health Card: Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Do you have any special medical conditions, which must be taken into consideration to ensure your full participation in this trip?  
YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

Do you have any allergies or sensitivities? YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

Do you have any serum sensitivity? YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

I hereby give the supervising teacher/advisor permission to use this information if I require medical attention.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Complete and submit as part of ICDC Registration**

**Form 1**

# Consent letter for children travelling abroad

To whom it May concern,  
I / We,

am / are the lawful

of

\_\_\_\_\_ *full name(s)*

\_\_\_\_\_ *person(s) / organization with:*

- *custodial rights, guardianship rights, or parental authority (in Quebec only)*

\_\_\_\_\_ *child's full name*

## Information about travelling child

Date and place of birth:

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *location*

Number, date of issue and country of passport:

\_\_\_\_\_ *number*

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *country*

## Information about accompanying person

The aforementioned child has my / our consent to travel with

Name:

\_\_\_\_\_ *full name of accompanying person*

Date and place of birth:

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *location*

Number and date of issue of passport:

\_\_\_\_\_ *number*

\_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport:

\_\_\_\_\_ *country where passport was issued*

## Contact information during trip

I / We give our consent for the aforementioned child and accompanying person to visit

Location:

\_\_\_\_\_ *name of foreign country*

during the period of

\_\_\_\_\_ *date of departure to date of return*

to reside with

\_\_\_\_\_ *full name of person with whom child will be residing in foreign country*

at the following address:

\_\_\_\_\_ *street address*

\_\_\_\_\_ *city*

\_\_\_\_\_ *province*

\_\_\_\_\_ *country*

Telephone and fax numbers:

\_\_\_\_\_ *telephone*

\_\_\_\_\_ *fax*

E-mail:

## Information about person(s) giving consent

Any questions regarding this consent letter can be directed to the person(s) or organization giving consent at:

Name(s):

\_\_\_\_\_ *full name(s) of person(s) or organization giving consent*

Address:

\_\_\_\_\_ *street address*

\_\_\_\_\_ *city*

\_\_\_\_\_ *province*

\_\_\_\_\_ *country*

Telephone and fax numbers:

\_\_\_\_\_ *telephone*

\_\_\_\_\_ *fax*

E-mail:

## Signature(s) of person(s) giving consent

\_\_\_\_\_ *signature(s) of person(s) giving consent*

\_\_\_\_\_ *dd/mm/yyyy*

## Signature of witness

\_\_\_\_\_ *full name of witness*

\_\_\_\_\_ *signature of witness*

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *location*

## Signature of accompanying person

\_\_\_\_\_ *signature of accompanying person*

\_\_\_\_\_ *dd/mm/yyyy*

## Signature of witness

\_\_\_\_\_ *Print full name of witness*

\_\_\_\_\_ *signature of witness*

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *location*

Complete and submit as part of ICDC Registration

Form 2

## Student Media Release

I, \_\_\_\_\_, hereby give consent to my child to be filmed, interviewed, photographed or have audio or video recordings made of my child by the media (print, broadcast and on-line), and employees, agents or servants of the DECA Ontario for the 2017 – 2018 school year. I understand that the text or image(s) may appear in electronic form on the internet or in other publications outside of DECA Ontario's control. I agree that I will not hold the DECA Ontario responsible for any harm that may arise from such unauthorized reproduction.

**Print name of parent/guardian if student is a minor, under 18 years of age;  
name of student if an adult, 18 years of age or older.**

**Name of Student:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Name of Chapter:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent/guardian if student is under 18 years of age;  
signature of student if an adult, 18 years of age or older.**

\_\_\_\_\_  
**Date**

## ICDC Student Commitment Form

Students who are attending this year's International Career and Development Conference in Atlanta, Georgia in April be eligible to receive a subsidy to be paid to their schools upon return. The money will be paid to the school upon recognition that the student and Advisor has acted in accordance with DECA Ontario and ICDC rules, regulations and expectations. In order for the school to receive the subsidy, **the delegate will:**

1. Attend the pre-ICDC meeting on **Saturday, April 7, 2018** at the **Toronto Sheraton Centre, 123 Queen Street West, Toronto, ON M6H 3M9 (416) 361-1000 9:00 am – 4:00 pm**
2. Participate in all DECA Ontario events while in **Atlanta, Georgia.**
3. Follow all rules as stated in the DECA Code of Conduct ~ International and Ontario Codes (attached); Examples but not limited to: no alcohol, no smoking in a DECA blazer, no drugs; curfew violation, loud/rude behaviour, inappropriate language, creating a disturbance, allowing non-approved visitors into your hotel room, being in restricted areas, opposition to authority, etc.
4. Report any unauthorized behaviour to an Advisor or Board member.
5. Attend all Awards and Training sessions while at the conference. Will be on time, participate during the entire session and leave only when the session is completely over.

The DECA Board will be notified of any infractions. After an investigation, they will then determine whether the subsidy will be given or be revoked for the student(s) and or Advisor involved. The Chapter must be in good standing with DECA Ontario and that that there are no outstanding debts or that the chapter is in arrears. One cheque, made out to the school, will be issued upon return to Ontario.

We thank you for your full co-operation in making ICDC a safe and enjoyable event for everyone involved. By signing this form, I agree to abide by the rules.

\_\_\_\_\_  
**Print Student's Name**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Print Parent's Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Complete and submit as part of ICDC Registration**

**Form 3**

# Health and Safety Form (Advisor Form)

All information will be kept confidential.

Advisor's Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_  
(MM DD YY) (Spouse, if applicable)

Family Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ontario Health Card: Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Do you have any special medical conditions, which must be taken into consideration to ensure your full participation in this trip?  
YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

Do you have any allergies or sensitivities? YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

Do you have any serum sensitivity? YES \_\_\_ NO \_\_\_ If yes, please provide details: \_\_\_\_\_

I hereby give the supervising teacher/advisor permission to use this information if I require medical attention.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

## Consequences for Infractions of Code of Conduct

It has become more apparent that we have to be seriously concerned about the safety, welfare and behaviour of our students when they are on overnight school trips, especially out-of-country. We expect that our students will be on their very best behaviour and represent Ontario in a very positive manner when they are on such field trips. A curfew is set for your child's safety, and must be followed over the duration of the trip. It is also expected that there will be no drug or alcohol use on such school trips. Students found consuming alcohol and/or drugs at the International Conference will be banned from ever participating at any future DECA event. It must be made clear that if drugs or alcohol are consumed or purchased on this trip that there will be appropriate consequences upon the student's return (i.e. suspensions). DECA Ontario will remove the student(s) from the conference and will send them immediately home at their own expense. If information regarding an alcohol and/or drug infraction is discovered after the end of the conference, the consequences will still apply.

Lesser offences will still result in the banning of the student(s) participation in DECA but any school consequences will be at the discretion of the principal.

A formal letter outlining the infractions will be mailed to the Principal and the Chapter Advisor within one week after the conclusion of the conference.

## ICDC Dress Code Permission Form

I certify that a permission form that includes an explanation of the ICDC Dress Code and the ICDC Attendance Permission Form have been completed for each student attending the 2018 International Career Development Conference.

\_\_\_\_\_  
School

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
Advisor's Cell number  
(must bring phone to ICDC Conference)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Principal's Home/Cell number

\*\* principal's number will be kept private and confidential; will be called ONLY IF the situation warrants it  
Include this in your registration package to Olga Plagianakos BY March 1, 2018.

Complete and submit as part of ICDC Registration

Form 4



# 2018 ICDC Subsidy Information

Students who are attending this year's International Career and Development Conference in Atlanta, Georgia are eligible to receive a subsidy to be paid to their schools upon return.

The money will be paid to the school upon recognition that the student and Advisor has acted in accordance with DECA Ontario and ICDC rules, regulations and expectations. In order for the school to receive the subsidy, **the delegate will:**

1. Attend the pre-ICDC meeting on **Saturday, April 7, 2018** at the **Toronto Sheraton Centre, 123 Queen Street West, Toronto, ON M6H 3M9 (416) 361-1000 9:00 am – 4:00 pm**
2. Participate in all DECA Ontario events while in **Atlanta, Georgia**.
3. Follow all rules as stated in the DECA Code of Conduct ~ International and Ontario Codes (attached); Examples but not limited to: no alcohol, no smoking in a DECA blazer, no drugs; curfew violation, loud/rude behaviour, inappropriate language, creating a disturbance, allowing non-approved visitors into hotel, being in restricted areas, opposition to authority, etc.
4. Report any unauthorized behaviour to an Advisor or Board member.
5. Attend all Awards and Training sessions while at the conference. Will be on time, participate during the entire session and leave only when the session is completely over.

**Advisors will:**

1. Attend the pre-ICDC meeting on **Saturday, April 7, 2018** at the **Toronto Sheraton Centre, 123 Queen Street West, Toronto, ON M6H 3M9 (416) 361-1000 9:00 am – 4:00 pm**
2. Follow all rules as stated in the DECA Code of Conduct for Advisors (in pre-ICDC meeting package). For example, Curfew Duty, Ontario duty, ICDC duty, diligent supervision of students, etc.
3. Participate in all DECA Ontario events appropriate for Advisors, while in **Atlanta, Georgia**;
4. Act as an Advisor to all students in attendance at ICDC, not just the students from the Advisor's own school;
5. Report any concerns and/or infractions to a Board of Director;
6. Be supportive of all DECA activities run by DECA Ontario or DECA Inc.
7. Arrive at all Awards and Training sessions on time and stay for the entire duration.

**Chapter:**

1. Is in good standing with DECA Ontario.
2. There are no outstanding debts or that chapter is not in arrears.

The DECA Board will be notified of any infractions. After an investigation, the Board will then determine whether the subsidy will be given or be revoked for the student(s) and or Advisor involved. One cheque, made out to the school, will be issued upon return to Ontario.

We thank you for your full co-operation in making ICDC a safe and enjoyable event for everyone involved.

I have reviewed the above information with my DECA colleagues and students. By signing this form, I agree to abide by the rules.

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Attending Advisor(s)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature