

GEORGIA DECA CONFERENCE ATTENDANCE PERMISSION FORM

This is to certify that _____
(Print Student's Name)

has my permission to attend the DECA activity on _____
(Print Date)

I also do hereby, on behalf of _____
(Print School Name)

absolve and release the school officials, the DECA chapter advisors and the assigned state DECA staff from any claims for personal injuries which might be sustained while in route to and from or during the DECA sponsored activity. I understand that during the conference, Georgia DECA will be taking pictures of students and advisors to use in promotional material. It is also my understanding that the mode of transportation will be _____
(Print Mode of Transportation)

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.

We have read and agree to abide by the DECA Professional Standards. We also agree that the school officials, the DECA chapter advisors and/or the state DECA staff have the right to send the above name student home from the activity, provided that he/she has violated the DECA Professional Standards and/or his/her conduct has become a detriment to the success of the conference. We also understand he/she will not be allowed to attend another GA/National DECA Event.

Print Name of Student Attending

Student Signature

Insurance Company Name

Policy Number

If insurance information is not provided, all signatures below are made in acknowledgement of the fact.

Parent/Guardian Signature

Home Phone Number

Chapter Advisor

School Official Signature

Please note: Copies of this form must be kept on hand by the DECA Chapter Advisor during the conference.