



Monta Vista High School 2012 California State CDC Registration Form

Please complete the following forms in their entirety and submit them to Mr. Schmidt in Portable 6 **no later than Wednesday, January 25th**. Late forms, incomplete forms, and forms without checks will not be accepted under any circumstances. **Note that space for our States conference is limited, and forms received earlier will be given priority if all other factors are the same.**

Gender: Male Female
Year of Graduation: 2015 2014 2013 2012

Last Name: _____ First Name: _____
Date of Birth (MM/DD/YYYY): _____ Age: _____
Address: _____ Student ID: _____
City: _____ ZIP Code: _____
Home Phone: _____ Cell Phone: _____
Student's Email: _____

Description of Event:

- ✓ 2012 California State Career Development Conference (CDC)
- ✓ Thursday, February 23rd – Sunday, February 26th
- ✓ Travel to location as a chapter on busses arranged by MVDECA
- ✓ Depart Sunday, February 26th from Irvine, CA at noon
- ✓ All conference events to be held at the Irvine Marriott

Special Notes:

- ✓ **\$410.00** fee includes transportation, registration, and hotel accommodations
- ✓ **\$410.00** fee due on or before Wednesday, January 25th (checks payable to **Monta Vista DECA**)
- ✓ Seats on the busses are limited and will be filled based on competitive performance, study session attendance, and **date registration materials are received**. The only factor you have left under your control is the date we receive your materials – so get them in ASAP!
- ✓ For financial assistance information, please contact Mr. Schmidt directly

ADMINISTRATION (To be completed by Chapter Officer):

PAYMENT AMOUNT: _____ **METHOD:** *Cash* *Check* # _____ **DATE:** _____ **INITIAL:** _____
EVENT: _____ **MEDICAL:** _____ **FUHS:** _____ **DANCE:** _____ **CODE:** _____ **INITIAL:** _____
DATE ENTERED: _____ **INITIAL:** _____
DATE CHECKED: _____ **INITIAL:** _____

2012 State CDC Event Registration

Testing Events

Pick **up to** two (2) events from any **one of the tables below**. You are not allowed to take two events from different tables. Please also print the FULL NAME for all your teammates if applicable. Event names that are italicized denote written events, and you may not choose more than one italicized event or more than one series.

Section A. Marketing Cluster Exam Events

<input checked="" type="checkbox"/>	Event Name	Acronym	Teammate #1	Teammate #2
<input type="checkbox"/>	Buying and Merchandising	BTDM		
<input type="checkbox"/>	Marketing Communications	MTDM		
<input type="checkbox"/>	Sports and Entertainment Marketing	STDM		
<input type="checkbox"/>	Apparel and Accessories Marketing	AAM		
<input type="checkbox"/>	Automotive Services Marketing	ASM		
<input type="checkbox"/>	Business Services Marketing	BSM		
<input type="checkbox"/>	Food Marketing	FMS		
<input type="checkbox"/>	Marketing Management	MMS		
<input type="checkbox"/>	Retail Merchandising	RMS		
<input type="checkbox"/>	Sports and Entertainment Marketing	SEM		
<input type="checkbox"/>	<i>Advertising Campaign</i>	ADC		
<input type="checkbox"/>	<i>Fashion Merchandising Promotion Plan</i>	FMP		
<input type="checkbox"/>	<i>Sports and Entertainment Promotion Plan</i>	SEPP		
<input type="checkbox"/>	<i>Professional Selling Events</i>	PSE		

B. Business Administration Core Exam Events

<input checked="" type="checkbox"/>	Event Name	Acronym
<input type="checkbox"/>	Principles of Business Management and Administration	PBM
<input type="checkbox"/>	Principles of Finance	PFN
<input type="checkbox"/>	Principles of Hospitality and Tourism	PHT
<input type="checkbox"/>	Principles of Marketing	PMK

C. Business Management and Administration Cluster Exam Events

<input checked="" type="checkbox"/>	Event Name	Acronym	Teammate #1	Teammate #2
<input type="checkbox"/>	Business Law and Ethics	BLTDM		
<input type="checkbox"/>	Human Resources Management	HRM		

D. Hospitality and Tourism Cluster Exam Events

<input checked="" type="checkbox"/>	Event Name	Acronym	Teammate #1	Teammate #2
<input type="checkbox"/>	Hospitality Services	HTDM		
<input type="checkbox"/>	Travel and Tourism	TTDM		
<input type="checkbox"/>	Hotel and Lodging Management	HLM		
<input type="checkbox"/>	Quick Serve Restaurant Management	QSRM		
<input type="checkbox"/>	Restaurant and Food Management	RFSM		
<input type="checkbox"/>	Hospitality and Tourism Professional Selling	HTPS		

E. Finance Cluster Exam Events

<input checked="" type="checkbox"/>	Event Name	Acronym	Teammate #1	Teammate #2
<input type="checkbox"/>	Financial Services	FTDM		
<input type="checkbox"/>	Accounting Applications	ACT		
<input type="checkbox"/>	Business Finance	BFS		

Non-Testing Events

If you have only registered for **one** event in the above section, you may sign up for an additional event below and **EITHER the Math or Economics test.**

<input checked="" type="checkbox"/>	Event Name	Acronym	Teammate #1	Teammate #2
<input type="checkbox"/>	Business Services	BOR		
<input type="checkbox"/>	Buying and Merchandising	BMOR		
<input type="checkbox"/>	Finance	FOR		
<input type="checkbox"/>	Hospitality and Tourism	HTOR		
<input type="checkbox"/>	Sports and Entertainment	SEOR		
<input type="checkbox"/>	Entrepreneurship Written	ENW		
<input type="checkbox"/>	International Business Plan	IBP		
<input type="checkbox"/>	Entrepreneurship Participating – Independent	ENPI		
<input type="checkbox"/>	Entrepreneurship Participating – Franchising	ENPF		
<input type="checkbox"/>	Chapter Project* (write in necessary acronym)			
<input type="checkbox"/>	Marketing Math	MME		
<input type="checkbox"/>	Free Enterprise Economics	EFEE		

**Authorization needed to participate in chapter project events. Talk to Diana Liu to ensure you are eligible.*

PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)

**District-Sponsored Event
(Attendance Voluntary)**

_____ has my permission to go on the following **voluntary** field trip:
Student's Name _____

Destination: Irvine Marriott: 18000 Von Karman Avenue · Irvine, California 92612 USA

Date(s): Feb 23 - 26 2012 Departure Time: 6:45am Return Time: 8:30pm

Person in Charge: Carl Schmidt

Health Needs: Initial and Complete as appropriate.

_____ My student has **NO** special health needs the staff should be aware of, and **NO** medication is required on the trip.

_____ My student has a special health need, _____ and the following medication should be given the person in charge along with written instructions from the student's attending physician:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

 _____ Parent/Guardian Signature _____ Date _____  _____ Student Signature _____ Date _____

Address _____ Telephone _____ Date _____

Family Health Insurance Carrier _____ Policy Number _____

Address _____ City/State _____ Zip _____

MAIN LANGUAGE SPOKEN IN HOUSEHOLD: _____

EMERGENCY CONTACT: _____
Name and Telephone

CALIFORNIA DECA DELEGATE PERMISSION/MEDICAL RELEASE FORM

(Students and Alumni are collectively referred to as "Delegates" in this document)

Conduct Code Endorsement, Permissions to Attend California DECA Sponsored Activities, and Authorization to use pictures or student name in publications.

Release of Claim for Damages, Emergency Medical Treatment Authorization:

Name of Delegate _____ Date: _____
Home Address _____ Phone: _____
Name of High School Monta Vista High School Date of Birth: _____
Advisor (s) in Charge Carl Schmidt Phone: _____


This is to certify that *the above named delegate* has my permission to attend all California DECA sponsored activities for the 2011-2012 School Year. I also do hereby, on the behalf of *the above named delegate* absolve and release California DECA, the school officials, the DECA chapter advisors, conference staff, and California DECA staff from any claims for personal injuries/damages which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

I authorize the above named advisor or the California DECA staff to secure the services of a doctor or hospital for *the above named delegate*. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

I grant permission to California DECA and its staff/contractors, State Department of Education, and sponsors/supporters to use the above delegate's name and likeness (including photographs, video footage, silhouettes, and audio clips) in publications, productions, promotions and on websites for informational, promotional and other related purposes without further consideration, and acknowledge the right of California DECA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.

I also understand that the chapter advisor determines the criteria at the local site, for individual students and alumni to attend and participate at all DECA activities.

We have read and agree to abide by the supplied California DECA Code of Conduct. Should a code of conduct violation occur, law enforcement personnel and or security may be called to assist, and a conduct code committee may be called with the ultimate punishment being that the student may be disqualified and sent home at their/their family's expense and/or be removed from office if in an officer status. If the delegate is sent home reasonable care shall be exercised to ensure a safe, expedient, and financially feasible mode of transportation back to the home community of the delegate involved. We are aware of the consequences that will result from violation of any of the above guidelines.

Student Signature _____ Date _____
Parent / Guardian Signature _____ Date _____
 Chapter Advisor Signature _____ Date _____
School /ROP Official Signature _____ Date _____


MEDICAL INFORMATION

Known allergies (drug or natural) _____

Special medication being taken _____

Date of last tetanus shot _____

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever _____

 Any physical restrictions _____

Other conditions _____

Family doctor _____ Phone _____

INSURANCE INFORMATION

Company Name _____ Policy Number _____

California DECA Dance Contract 2011 - 2012

Dance Expectations

California DECA prides itself in being the premier student organization and in keeping with that pride we have trust that our members will dress and act with respect and dignity. Attending a DECA dance is a privilege given to members who are willing to follow a few simple rules that will allow us to represent our fellow members, advisors, chapters and state proudly. Inability to follow these rules will result in consequences starting with a warning or could include being sent home or suspended from DECA for a period of time to be determined by the Board of Directors. Our goal for offering a dance is to allow members to have fun, network, and dance in a safe, healthy, and respectful environment. All students must have a name badge and wrist band on in order to enter the dance. By choosing to attend DECA Conferences and Dances students consent to searches and/or random breathalyzer checks so that dance organizers can ensure that the environment is safe and secure for all students in attendance.

California DECA is a professional student organization focused on preparing students to be the future leaders in Marketing, Management, and Entrepreneurship. For this reason California DECA requires that all students attending DECA Dances uphold the highest degree of professionalism by adhering to the following guidelines and if necessary the resulting consequences:

Dance Guidelines (applies to on and off the dance floor)

1. No rubbing of one's bottom on another person's private area.
2. If when dancing, a couple is facing the same direction, there must be a hand's length of space between the two (approx. 6") and they must be dancing in a respectful manner.
3. No body parts other than your feet may be touching the ground while dancing.
4. No break dancing without permission from an adult supervisor.
5. Partners may face one another while dancing in a hugging position; however, this must be done in an appropriate manner.
6. No straddling legs.
7. No grabbing, touching, or rubbing another person in a distasteful or unwanted way.

Consequences:

1. 1st warning -Verbal Warning
2. 2nd warning - 10 minute time out with advisor/adult chaperoning the dance. The student's Chapter Advisor must come to pick the student up.
3. 3rd Incident -Student will be removed from the dance and may be banned from future participation in DECA Conferences and Activities as determined by the Board of Directors. Parents will be notified and incident report submitted to California DECA.

Dress Code

If dress code is not followed, students will not be permitted to enter the dance. Dress code can be found in the Code of Conduct and/or conference program.

I have read, understand, and agree to comply with the California DECA Dance Contract as stated above.

Chapter Name Monta Vista DECA Advisor Name Carl Schmidt

Student Name _____ Student Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Monta Vista DECA Code of Conduct Addendum

In addition to all of the policies established by California DECA, all Monta Vista DECA conference attendees must follow the below guidelines. **Please note that our policies supercede those established by California DECA, as specified in the California DECA Code of Conduct.**

Please initial each line to indicate that you (student *and* parent) have read and understand each statement. By initialing, you (and your parent/guardian) agree to be responsible for any violations of this code and accept all applicable consequences, at the discretion of our advisor. Consequences include, but are not limited to: being sent home early at student's expense, ban on DECA conferences and trips for a year, etc.

1. **Abide by all California DECA policies.** (pages 3-5 of the Information Packet)

By signing the form found on page 3 of this packet, you agreed to abide by those policies and accept responsibility for your actions. Consequences are at the discretion of Monta Vista DECA advisor and/or California DECA officials.

Parent Initial: _____ Student Initial: _____

2. **Abide by all Monta Vista High School policies.** (found in your school planner)

DECA conferences are school-sponsored activities. All school rules – including zero tolerance, prohibited items, etc. – are also in effect at DECA conferences. Consequences will be administered in line with Monta Vista High School and the Fremont Union High School District policies, as applicable.

Parent Initial: _____ Student Initial: _____

3. **No members of the opposite gender are allowed in your room.**

California/National DECA's policies *may be different*, but Monta Vista DECA policies take precedence for Monta Vista students. If you are caught violating this rule, you will be sent home and will not be allowed to attend any other conferences for the school year. Other than life-or-death situations, there are no exceptions. You are allowed to work *in the hall, in the lobby, and outside your rooms before curfew.* **This serves as your official warning**, though the officer team will try to remind you through emails, handouts, chapter meetings, etc.

Parent Initial: _____ Student Initial: _____

4. **Stay in your room after curfew.**

Curfew is listed in your conference programs. It is your responsibility to know and abide by the curfew time. **Note: Monta Vista DECA may set an earlier curfew** (we will notify you in such cases). Room service and deliveries are also prohibited after curfew. Once again, if there is a life-or-death situation that pertains directly to you, use common sense. If you are caught breaking curfew, you will be sent home.

Parent Initial: _____ Student Initial: _____

5. **Parents: I agree to cooperate with disciplinary actions determined by advisor.**

This includes, but is not limited to, arranging for your son/daughter to be picked up before the end of the conference, at your expense.

Parent Initial: _____ Student Initial: _____