



STATE LEADERSHIP CONFERENCE

MARCH 6-8, 2024 | POCA TELLO, IDAHO
IDAHO STATE UNIVERSITY

registration guide

HOSA empowers HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience.

Deadlines and checklist



IMPORTANT DATES

Jan.	Jan.	Feb.	Feb.
3	24	1	15

Jan. 3-24

- State Leadership Conference (SLC) registration

Jan. 24

- Online national membership due
- Identify online proctor on Idaho HOSA website
- Complete the Proctor Code of Ethics Form from the Idaho HOSA website and email it to [Gina Lyman](#).

Jan. 29- Feb. 15

- Online testing period

Feb. 1

- Last day to submit hotel reservations/rooming lists

Feb. 15

- State scholarship applications due
- State officer application due
- Accommodation form(s) for IEP events (if applicable) due
- ISU Assumption of Risk due
- Medical Liability/Code of Conduct Forms due at Advisor Meeting (keep a copy for yourself; if possible, email to [Gina Lyman](#) before the meeting)



Online registration

Registration opens Jan. 3, 2024, and closes at 11:59 (MST) on Jan. 24, 2024.

Late registration is not accepted.

Registration fee

Registration is \$60 per student delegate, advisor, chaperone, or guest. Each chapter MUST collect their student fees and pay with a school check or credit card. There is no charge for current State Officers.

Payments

Make checks payable to:

Idaho HOSA

CTSO Accounting
650 W State St. STE 324
Boise ID 83702-5936

[Credit card payments](#)

Refunds

No refunds will be made for cancellations after 11:59pm (MST) Feb. 15, 2024.

National affiliation

Chapters must be affiliated with HOSA Inc. by Jan. 24, 2024.

Important notes

Advisors should ensure student names are spelled correctly in the online system. Idaho HOSA will not reprint name badges onsite for spelling errors.

You must select shirt size for all attendees in registration.

Flag bearers

Identify two flag bearers to represent your chapter. They will present your school's flag/banner at the beginning of opening ceremonies. Be sure to bring your HOSA banner or sign. Flag bearers will meet in the SPAC at 1:30pm, to line up for the parade. Please send a chapter photo to [Gina Lyman](#) to be included in the slideshow during the parade.

Voting delegates

Identify two voting delegates and two alternates from your chapter to vote for State Officers at the Delegate Business meeting. Please have them register for the Organizational Leadership event. These do not need to be noted in registration.

Courtesy Corps

Interested students can volunteer for Courtesy Corps during registration. Students will be assigned as needed in one or more of the following areas: headquarters, HOSA store, workshops, conference and competitive event assistance, opening session, or closing session.

Please talk to your students about the time they sign up. This role is important. If students do not show up for their scheduled time it will affect competition.

Online registration



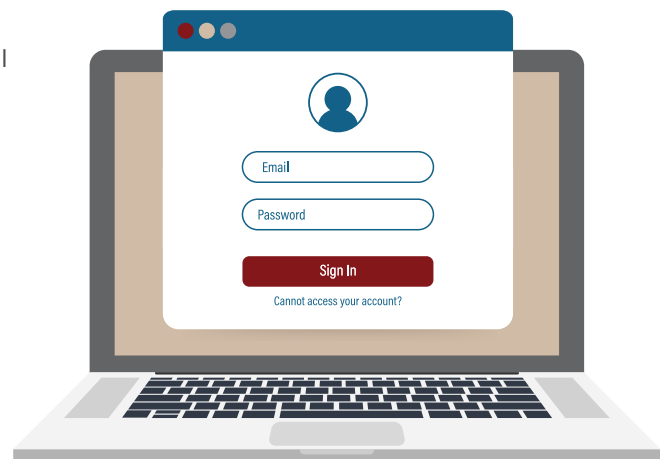
1. Log in as a **Local Chapter Advisor** using your affiliation login (charter #) and password. If you don't have your login or password, please contact Gina Lyman at gina.lyman@cte.idaho.gov or call 208-429-5553.
2. Select **Conference Registration**.
3. Select **23rd Annual Idaho State Leadership Conference 2024**.
4. Select **Begin Registration**.
5. Select the name of your first participant and select **Register**. If their name doesn't show up, they are NOT affiliated with National HOSA. Complete the member affiliation, then try again.
6. Indicate the participant's gender.
7. Indicate whether the participant is a secondary or postsecondary student or advisor.
8. Note any dietary restrictions.
9. Advance to activities/options and select activities for that student
10. Must select a t-shirt size for each participant.
11. Select optional meals.
12. Go to **Events** and select the competitive events in which the student will participate.
13. See [the rules](#) in the Events List 2024 to make sure your students are registered correctly.
14. Students may participate in as many Recognition events as they choose.
15. Indicate the team number for team events in the team number box.
16. Start numbering teams at #1 for each event (e.g., Team #1 in CPR/First Aid and another Team #1 in CERT Skills).
17. After registration for this student is complete, click **Submit**.
18. Repeat steps 3-10 for all SLC participants.
19. Register all advisors, chaperones and guests (registration fees will also apply).

After completing your online registration, mail a copy of your invoice and your school's payment to:

Idaho HOSA

CTSO Accounting
650 W State St. STE 324
Boise ID 83702-5936

Or [pay with a card](#).





NEW THIS YEAR

New Events

Students may only compete in one online event and one in person event.

- Phlebotomy
- Respiratory Therapy
- Clinical Nursing
- American Red Cross Volunteerism
- Anatomage Tournament-see flyer to register

Conference eligibility

Students must be affiliated and paid members to compete at SLC. To qualify to compete at the International Leadership Conference (ILC), students must place in the top three of their events and attend the closing awards ceremony. However, all delegates are eligible to attend ILC.

BACK BY POPULAR DEMAND

National Geographic Learning Academic Testing Center

Members can register for the National Geographic Learning Academic Testing Center for Future Health Professionals. We encourage students to limit tests to two ATC tests. This does not count toward the two events students can compete in for State Leadership Conference.

Body Interact Patient Challenge

This is another opportunity for our members to compete in teams with schools from around the state for the opportunity to showcase knowledge about clinical patient cases. The Body Interact Patient Challenge will present simulated patients that interact with participants and respond in real-time to interventions and treatments. Teams will problem solve and discuss potential case diagnosis as they work through real-life patient examples in a unique simulation. Teams can be composed of four or five members.

Substitutions

Substitutions may be made in accordance with regulations and policies, provided the student delegate meets the requirements of the SLC delegate, is entering the same event, and the state office receives the information by Feb. 15, 2024.

Event finalist process

Certain competitive events consist of two rounds. Round one is an online, multi-choice test of knowledge and understanding, and round two is a performance/skill. Results are posted on the first day of the conference. Depending on the number of competitors in an event, only top-scoring competitors may proceed to round two.



Registration add-ons

"Ready, Set, GLOW!" Dance

Hosted by Pocatello HOSA at the ISU Ballroom. Cost is \$10 in advance or \$12 at the door. Students can wear glow in the dark clothing and jewelry. Other activities included at ISU are Bowling, Movie, Craft Shop, Idaho Museum of Natural History, Rock Climbing (rock climbing numbers are limited).

HOSA lapel pins



Each person registered will receive a complimentary HOSA state lapel pin. Additional pins may be ordered during online registration for \$1.50 each.

T-shirts

Conference T-shirts are included with registration. You can purchase additional shirts, crew-necks or hoodies for a fee: additional shirts, \$10; crew-neck, \$21; hoodies, \$27. We will offer sizes XS-3XL. T-shirts will not be available after online registration has closed.





[Register Here](#)

Anatomage® TOURNAMENT

Join us for an Anatomy Tournament
hosted by HOSA & Anatomage

Participants will get hands-on experience with our Anatomage Table 3D technology while competing to test their anatomy knowledge.

- Team-based competition
- Top 2 teams compete in Championships
- Top 3 teams qualify to compete in the National Anatomage Tournament!
- **Maximum 3 -4 students per team**

Anatomical systems included in competition:
Cardiovascular (Heart and major blood vessels),
Digestive, Endocrine/Exocrine, Muscular, Nervous
(Brain, spinal cord, major nerves), Skeletal, Urinary

Date: March 6 -8, 2024

Location: Pocatello, Idaho

Prelims

March 6th: 6:30 pm - 9:30 pm MT

March 7th: 8 am - 2:30 pm MT

Top 8

March 8th: 8:00 am - 11:00 pm MT

Top 4 & Championships

March 8th: 12:00 pm - 1:00 pm MT

Contact: tournaments@anatomage.com



www.anatomage.com



Registration materials

Conference materials will be available for pickup upon arrival at the Stevens Performing Arts Center between 12 - 3:30 p.m. on Wednesday, March 6, 2024. Packets will contain name badges and advisor information.

State Officer applications

Applications can be found on the [Idaho HOSA website](#). Applications must be submitted by Feb. 15, 2024.

Advisor/chaperones

All conference delegates must have an advisor in attendance. It is recommended to have one advisor or chaperone for every 10 student delegates.

Raffle gift baskets

All chapters are asked to bring a gift basket to be raffled during the conference. All money raised will go to the Idaho HOSA scholarship fund.

Dress code

Student delegates must follow HOSA Inc's dress code guidelines. See p. 9.

Sign-Up During Registration

- Anatomage Tournament-See flyer for sign up
- Virtual Anatomy Lab-Max 12 students per session
- Anatomy Lab- Max 20 students per session
- ISU Climbing Wall- Signed permission needed. Max 24 students per session.

Forms

✓ Conference Release Form

Signed Conference Release forms will be turned in at the Advisors Meeting on March 6, 2024. It is the advisor's responsibility to always keep a copy of these forms with them during the conference.

✓ Code of Conduct

Signed Code of Conduct forms will be turned in at the Advisors Meeting on March 6, 2024. *It is the advisor's responsibility to always keep a copy of these forms with them during the conference.

✓ Medical Release

Each Student delegate is required to complete a medical release form. * It is the advisor's responsibility to always keep a copy of these forms with them during the conference.

✓ ISU Assumption of Risk

Each student delegate is required to complete an ISU Assumption of Risk form.

✓ ISU Climbing Wall Assumption of Risk

Each student delegate is required to complete an ISU Climbing Wall Assumption of Risk form in order to participate.

Thursday night activity

"Ready, Set, Glow!" Dance

Hosted by Pocatello HOSA in the Wood River room. Cost is \$10 in advanced or \$12 at the door. Students can wear glow in the dark clothing and jewelry. Other activities included at ISU are bowling, movie, craft shop, Idaho Museum of Natural History and rock climbing (rock climbing numbers are limited).

*You can email the forms before the conference to [Gina Lyman](mailto:gina.lyman@cte.idaho.gov).

Dress code



PLEASE SHARE WITH YOUR STUDENTS

HOSA is an organization for future health professionals, and professional appearance is paramount in branding itself as such. It is the responsibility of all HOSA members to follow dress requirements for SLC. During the conference, Idaho HOSA follows International Conference Guidelines:

All general sessions

HOSA uniform:

- Tailored navy blazer with the emblem.
- White dress shirt.
- Matching slacks or skirts. Skirts must be a tasteful length (not too short).
- Maroon HOSA scarf or tie (optional).
- Closed-toed polished dress shoes.



-OR-

Basic black or navy suit:

- Matching black or navy jacket and slacks or skirts.
- White dress shirt.
- Tie and socks for men.
- Hose for women (optional).
- Closed-toed polished dress shoes



Competitive events (professional)

All competitors shall wear HOSA uniform or proper business attire. Bonus points will be awarded in both rounds if all team members are dressed in appropriate attire. See the National HOSA Dress Code for more guidelines.

Competitive events (clinical)

Competitors may wear professional clinical attire appropriate to the profession for the skill demonstration and test. Know the guidelines for your specific events.

Thursday night activity

- Glow in the dark clothes or jewelry are permitted with permission from advisor.

Unacceptable conference attire (on or offsite)

- Skin-tight clothing.
- Revealing or midriff-baring attire.
- Swimwear, beachwear or flip flops (unless at the pool).
- Extremely short skirts or shorts.
- Clothing with obscene, illegal or potentially offensive content.
- Nightwear/pajamas outside of your hotel room.



Online testing must be completed Jan. 29-Feb. 15, 2024, at your home school. See the Event List for these selected events.

Finding a proctor

Advisors cannot serve as a proctor for online testing. Each advisor is responsible for selecting a proctor at their school for online testing. This proctor **must** be a third-party entity, not connected to HOSA, such as another faculty member or administrator from your school.

Submission of proctor information

Once a proctor is identified, the advisor must submit their proctor's information online by following these steps:

1. Login to hosa.org.
2. Under **Conference Registration**, click on **Identifying proctors for Online Testing** and fill in the proctor information
3. The proctor must sign the **Online Proctor's Code of Ethics** form and agree to fulfill the proctor's role during online testing.
4. The Online Proctor's Code of Ethics form must be scanned and emailed to [Gina Lyman](mailto:gina.lyman@cte.idaho.gov) by Jan. 24, 2024.



Online Proctor's Code of Ethics

I, _____, will proctor the Idaho HOSA online testing in such a manner to ensure valid and reliable results and to ensure test security and integrity. The tests will be administered in a positive and quiet testing environment and will ensure that test-takers adhere to online testing rules:

- No talking
- No cell phone/smartwatch use
- No textbook use
- No internet use
- No notes
- No electronic devices

Online proctor's signature

Chapter advisor's signature

Scan and email completed forms to [Gina Lyman](#) by Jan. 24, 2024.

Advisors: After you register your proctor in the registration system on the HOSA Inc. website (in the same place as conference registration), the proctor(s) will receive an email from HOSA with all the student passwords and the school password so they can then access the testing site and administer the tests.



Students may register for ANY Recognition Events, ATC Exams, or workshops:

Recognition Events

- ARC – American Red Cross Volunteerism **NEW**
- ATC – ATC Exams
- BJSA – Barbara James Service Award †
- HCIE – Healthcare Issues Exam §
- NS – HOSA Service Project
- OHL – Outstanding HOSA Leader

HOSA Students may register for one (1) of the following Online Only Events:

Online Only Events: Online Testing Jan. 29-Feb 15, 2024

- BH – Behavioral Health §
- CDD – Cultural Diversity & Disparities in Healthcare §
- DT – Dental Terminology §
- EP – Epidemiology §
- EW – Extemporaneous Writing § - **New Assignment**
- HI – Health Informatics §
- HGD – Human Growth & Development §
- MLE – Medical Law & Ethics §
- MM – Medical Math §
- MR – Medical Reading §
- MT – Medical Terminology §
- NUT – Nutrition §
- PAT – Pathophysiology §
- PHA – Pharmacology §

And students may register for one (1) of the following in person events (these events may also have an online Rd1)

Events with HOSA Upload System Submissions Due Feb. 15

In Person

- CA – Community Awareness Project †
- CS – Clinical Specialty †
- FMP – Family Medicine Physician †
- HCP – Health Career Photography †
- HE – Health Education †
- HH – HOSA Happenings †
- IS/JSS – Interviewing Skills/ Job Seeking Skills †*
- MH – Mental Health Promotion †
- MRC – Medical Reserve Corps Partnership †
- PSA – Public Service Announcement † - (**Topic: Fentanyl Will Kill You**)
- RPS – Researched Persuasive Writing and Speaking †
(**Topic: Youth Sports Specialization: Good or Bad for Athletes?**)
- RP – Research Poster †

Events with all rounds in person

- HCD – Health Career Display
- HL – Healthy Living
- MI – Medical Innovation
- PH – Public Health - (**Topic: Technology Addiction: How to Protect Ourselves**)
- PS/SS – Prepared Speaking/Speaking Skills* - (**Topic: Dare to Create**)
- RT – Respiratory Therapy **NEW**

Events with round one qualifier (online) Jan 29-Feb 15

Top qualifiers move to round two In Person

- BD – Biomedical Debate - (**Topic: Should Artificial Intelligence in Healthcare be Welcomed or Feared?**)
- BT – Biotechnology
- CERT – CERT Skills
- CL – Clinical Laboratory Science
- CN – Clinical Nursing **NEW**
- CPR – CPR/First Aid
- CPS – Creative Problem Solving
- DS – Dental Science
- EMT – Emergency Medical Technician
- FS – Forensic Science
- HB – HOSA Bowl
- HH – Home Health Aide
- LSS – Life Support Skills
- MA – Medical Assisting
- MS – Medical Spelling
- NA – Nursing Assistant
- PC – Personal Care
- PHL – Phlebotomy **NEW**
- PP – Parliamentary Procedure
- PT – Physical Therapy
- RX – Pharmacy Science
- SM – Sports Medicine
- VS – Veterinary Science

‡HOSA Upload System

† Must register for hours on the HOSA Activity Tracking System Website.

§ Online ONLY: testing dates are Jan. 29 - Feb. 15.

*Only for students classified under the Federal regulation, Individuals

with Disabilities Education Act of 1997-Amended IDEA. A special needs

Student Eligibility Form is included in the guidelines and must be uploaded to HOSA.



HOSA Digital Upload System Replaces TALLO Starting August 2023

HOSA Digital Upload System

For the 2023 – 2024 membership year, a new system, the HOSA Digital Upload System, will be used. Tallo is no longer being used for HOSA purposes. This integrates with the existing HOSA Conference Management System (CMS) so the uploads will be very user-friendly for members and advisors. Go to [HOSA.org](https://www.hosa.org) for video tutorials instructions and printable handouts.

2023-2024

The following competitive events require competitors to upload digital materials for SLC by Feb. 15, 2024.

Competitors should check at the local level to determine what events require a digital upload for any regional and state/chartered association conferences.

1. Clinical Specialty (Portfolio)
2. Community Awareness (Portfolio by one team member)
3. Family Medicine Physician (Interview Verification Form)
4. Health Career Photography (Portfolio)
5. Health Education (Portfolio by one team member)
6. HOSA Happenings (portfolio) This event will be digital only-hard-copies, no longer needed in person
7. Interviewing Skills (Personal Statement and Resume)
8. Job Seeking Skills (Personal Statement and Resume)
9. Mental Health Promotion (Reference pages, Completed Mental Health Consultation Form, and Digital File/Link to the Social Media Campaign by one team member)
10. MRC Partnership (Portfolio by one team member)
11. Public Service Announcement (PSA Link, Airdate Form, Copyright Form, and Reference Pages by one team member)
12. Researched Persuasive Writing and Speaking (Paper)
13. Research Poster (Poster)



Tips for CE Success

- Review the rubrics. Ensure you are following the rubrics step by step and addressing all items on which you will be evaluated.
- Practice with a live audience and with someone who will be honest with you about areas of strength and areas to improve.
- Videotape your presentation and watch it to see where you can improve.
- Double check all formatting requirements.
- Prior to submitting anything, review it one last time against guidelines. Often times points are lost on items that could have easily been corrected.
- For writing events, work on succinct and clear thesis statements.
- Have confidence. You have done the work. Now is the time to be proud and have fun.
- Show enthusiasm for the topic.
- In presentations, be more conversational and less scripted. Don't read directly from notes.
- Be bold creative in your presentations. Do something other people aren't doing.
- Speak loudly and clearly.
- Verbalize in a confident and concise manner.
- Use the verbiage from the guidelines to create your portfolio so it is easier for judges to follow.
- PRACTICE, PRACTICE, PRACTICE!






March 6 - 8, 2024



Hotel registration opens
Jan. 3, 2024 through Feb. 1, 2024

All hotels offer continental breakfast, pool, Wi-Fi and have bus parking. Mention Idaho HOSA at booking.



Hotel	Contact	Flat Rate	Beds
 <p>Townplace Suite 2376 Via Caporatti Drive Pocatello, ID 83201</p>	<p>Crystal Nelson 208-478-7000 Ext 4906 crystal.nelson@aimbridge.com</p>	<p>\$109 + tax</p>	<p>Double Queens King Suites</p>
 <p>Fairfield by Marriott 205 Via Venitio Pocatello, ID 83201</p>	<p>Meagn Tavenner 208-529-5499 meganm@inntrusted.com</p>	<p>\$139 + tax</p>	<p>Double Queens</p>
 <p>Coutryard Marriott 290 Vista Drive Pocatello, ID 83201</p>	<p>Megan Tavenner 208-529-5499 meganm@inntrusted.com</p>	<p>\$139 + tax</p>	<p>Double Queens</p>
 <p>Home 2 Suites 2325 Via Caporatti Drive Pocatello, ID 83201</p>	<p>Sherry Elder 208-217-2100 sherry.elder@hilton.com</p>	<p>\$157.50 + tax</p>	<p>Double Queens Standard King</p>

The following hotels do not have a room block/rates, but you may still book rooms for SLC.

 <p>Holiday Inn 200 Via Venitio Pocatello, ID 83201</p>	<p>Megan Tavenner 208-529-5499 meganm@inntrusted.com</p>		
 <p>Hampton Inn and Suites 151 Vista Drive Pocatello, ID 83201</p>	<p>Dawn Witty 208-233-8200 dawn.witty@hilton.com</p>		



Parental consent form

Student name

Student's school name

Emergency contact name

Emergency contact phone

Career technical student organization

- Business Professionals of America
- DECA
- Family, Career, and Community Leaders of America
- FFA
- HOSA
- SkillsUSA
- Technology Student Association

I give the above-named attendee permission to attend the state-approved event.

My student agrees to abide by all rules and safety precautions. I am aware that during these events certain risks are inherent. I understand that these events may involve certain conditions, hazards and potential dangers including those associated with traveling or those associated with the facilities or property where the events will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction.

I hereby grant the Idaho Division of Career Technical Education (IDCTE) and its representatives the irrevocable and unrestricted right to use and publish my image and video captured of me in its promotional materials and publicity efforts. I understand that the photographs and video may be used in publications, print ads, direct-mail pieces, electronic media (e.g., videos, social media or websites) or other promotion forms.) I hereby release and discharge IDCTE, its offices, employees, agents and designees, and the photographer/videographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

I authorize IDCTE to send my student a post-event survey for feedback and evaluation purposes.

By signing below, I hereby release and agree to hold harmless IDCTE, Idaho BPA, Idaho DECA, Idaho FCCLA, Idaho HOSA, Idaho SkillsUSA, and Idaho TSA from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while my student is participating in the conference.

- I am 18 years of age or older.
- I am under 18 years of age. If checked, please have a parent or guardian complete the following:

Parent/legal guardian signature

Phone

Date

Parent/legal guardian printed name

Medical liability release



PLEASE PRINT OR TYPE ALL INFORMATION.

Due to legal restrictions, all student delegates, parent/guardians, guests and IDAHO HOSA Advisors must complete this form to be eligible to attend any Idaho HOSA State Leadership Conference. This form should be completed, and a copy submitted to the advisor. Medical release forms must always be kept with the advisor during the conference.

PARTICIPANT/GUARDIAN INFORMATION

PARTICIPANT NAME		GUARDIAN NAME		
ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN CELLPHONE	PARENT/GUARDIAN WORK PHONE		PARENT/GUARDIAN HOME PHONE	
ALTERNATE CONTACT NAME		ALTERNATE CONTACT PHONE		
Please check and describe any medical condition which may recur or be a factor in medical treatment:				
<input type="checkbox"/> Allergies: <input type="checkbox"/> Heart/lung problems: <input type="checkbox"/> Blackouts: <input type="checkbox"/> Medicine reactions: <input type="checkbox"/> Convulsions: <input type="checkbox"/> Physical handicap: <input type="checkbox"/> Disease of any kind: <input type="checkbox"/> Other:				
Please list any medications you are currently taking:				
PHYSICIAN NAME		PHYSICIAN PHONE		
PHYSICIAN ADDRESS		CITY	STATE	ZIP
DOES THE STUDENT HAVE MEDICAL INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
NAME OF INSURED		INSURANCE COMPANY		
GROUP NUMBER		POLICY NUMBER		
Liability release: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that everyone is responsible for their insurance coverage during this conference. I hereby release IDAHO HOSA Board of Directors, State and Local Chapter Advisors, the Idaho Division of Career Technical Education, and any designated individual in charge of the HOSA chapter group or specific activity from any legal or financial responsibility concerning my personal or my child's participation in or contact with any known element associated with an activity including competitive events.				
Parent/Guardian/Participant: Please check one of the following and sign your name:				
<input type="checkbox"/> I permit immediate medical treatment as required in the attending physician's judgment. <input type="checkbox"/> I do NOT permit medical treatment until I have been contacted.				
PARENT/GUARDIAN'S SIGNATURE*				DATE
STUDENT'S SIGNATURE				DATE
ADVISOR'S SIGNATURE				DATE

* Required for student delegates under the age of 18.

Code of conduct



Complete this form and give it to your chapter advisor. Forms should be emailed to [Gina Lyman](mailto:gina.lyman@cte.idaho.gov) by Feb. 25th. Advisors must always keep a copy on hand during the conference.

Idaho HOSA members have an excellent reputation. A good reputation enables members to take pride in their organization. Your conduct at any Idaho HOSA function should make a positive contribution to the reputation that has been established and always reflect positively on you, your school/college, your state and Idaho HOSA.

1. During general sessions, be courteous to those in the audience or on stage. Remain seated and in attendance until the end of the session. Students who do not adhere to general session protocol will be asked to leave the conference.
2. Attend all general sessions and other scheduled conference activities. Please be prompt and show respect to the audience and those on stage.
3. Abide by the SLC Attire Policy at all business sessions, general sessions, competitive events and other conference activities. Please refer to Dress Code Policy on p. 9. Student delegates not adhering to the dress policy during the conference will NOT be admitted.
4. School tags, state badges or IDs must be removed or completely covered during competition.
5. Immediately report any accidents, injuries, or illnesses to your chapter advisor or state staff.
6. Always keep your advisor informed of your activities and whereabouts.
7. Always wear your Idaho HOSA conference name badge.
8. Observe the designated curfew. Curfew means being in your assigned hotel room by the designated hour.
9. If you are responsible for stealing, damaging property or vandalism, you and your parents will be expected to pay all damage costs.
10. Any participants at the HOSA State Leadership Conference may not purchase, consume or be under the influence of alcohol or illegal substance at any time. Violators will be subject to disciplinary action and law enforcement will be involved.
11. No weapons of any sort will be allowed in your possession, room, transportation or luggage.
12. Smoking is prohibited at the conference, offsite and conference-related activities.
13. Any long-distance phone call or other charges to rooms are the responsibility of you or your parents.

By signing below, you confirm that you have read the above code of conduct and agree to abide by these rules.

Student delegates who disregard the rules will be subject to disciplinary action and sent home at their own expense.

Parents will be notified.

_____ Student's printed name	_____ Student's signature	_____ Date
_____ Parent/guardian's printed name	_____ Parent/guardian's signature	_____ Date

Advisor code of conduct



1. Project a positive and professional image of health professions education and Idaho HOSA to all those with whom they interact.
2. Promote Idaho HOSA as a positive student experience by acting as a role model in your dress, tone of voice, attitude, actions, and demeanor.
3. Ensure your student delegates are dressed in appropriate HOSA attire (see p. 9) and practice professional etiquette and behavior.
4. Be accountable to and for your students during all Idaho HOSA-related activities.
5. Notify the State CTSO Manager, or the State Advisor, of any accidents or injuries to student delegates, advisors, chaperones, or guests during Idaho HOSA activities or conferences.
6. Understand and follow established processes within the organization that protect the rights of all members.

Idaho HOSA advisors are proud of the standards of excellence they maintain for themselves and their students. Attendance of any Idaho HOSA function implies acceptance and practice of these standards.

I have read the above code of ethics for Idaho HOSA advisors and agree to accept and practice these standards.

Advisor's printed name

Advisor's signature

Date

High school/HOSA chapter



Idaho State University

Assumption of Risk Agreement

HOSA State Leadership Conference

Program Description: ISU will be hosting HOSA's State Leadership Conference on the Pocatello Campus from March 6-8, 2024. ISU has agreed to provide space, sponsor lunches, and provide student activities in the Student Union game center and is not otherwise involved in the programmatic planning of this event. Participant accommodations will be off campus and will not be provided by ISU. HOSA is responsible for all events, activities, event volunteers and judges.

In consideration for the opportunity to participate in this event, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: slips, trips, falls, and or other accidents of injury that may occur while on a college campus; food/drink allergies; exposure to illness; lost, stolen, or damaged personal possessions; risk of negligence from myself or others, and other foreseeable and unforeseeable risks that may occur that ISU cannot specifically anticipate and list here.

I agree to follow the reasonable guidelines set forth by the event sponsors for the duration of the activity; to be fully responsible for my conduct; and to act at all times in a manner which does not jeopardize the safety of myself or other persons. I have reviewed the event description and verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. I understand that ISU reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others. **I agree to follow all of ISU's rules, event rules, instructions, and safety protocols.**

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understand, and agree to the above:

 Name of Participant Signature Date

For Minor Participants: **I am the parent or legal guardian of the Participant above. I have read this Agreement and voluntarily agree for myself and the Participant to be bound by its terms.**

 Name of Parent/Guardian Signature Date

Emergency Contact:

 Name of Emergency Contact Relationship Phone Number



Assumption of Risk

Campus Recreation Indoor Climbing Wall

In consideration of the opportunity to participate in this activity, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: abrasions, contusions, strains, sprains, head injuries, emotional stress, paralysis, broken bones, injuries related to falling, faulty holds, improper use, or failure of climbing equipment, risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks that may occur that ISU cannot specifically anticipate and list here. I understand that the University does not require me to utilize the Climbing Wall, but I want to do so despite the possible dangers and risks.

I agree to be fully responsible for my conduct and to act at all times in a manner which does not jeopardize the safety of myself or other persons. I agree to follow all rules and instructions. I verify I have no physical or mental condition which would endanger myself or others by my participation. I understand that ISU reserves the right to remove me from the premises or not allow my access to the facilities if my behavior is deemed detrimental to the safety or welfare of others.

I further certify that I will wear proper protective equipment and I agree to abide by all rules of the sport, facility, and/or class as mandated by the Campus Recreation Center. I understand that injury may occur even when utilizing proper protective equipment and following climbing rules. I have read the Climbing Wall Policies and agree to abide by them. Additionally, I agree to advise staff if I do any damage or notice any damage to the wall, ropes, anchors, or other wall equipment. I also agree to advise the Climbing Wall Monitor if I witness or partake in any unsafe conduct.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances. I understand that ISU takes no responsibility for verifying my physical readiness for the Activity.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understand, and agree to the above:

Name of Participant	Signature	Date
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For Minor Participants: I am the parent or legal guardian of the Participant above. I have read this Agreement and voluntarily agree for myself and the Participant to be bound by its terms.

Name of Parent/Guardian	Signature	Date
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Emergency Contact:

Name of Emergency Contact	Relationship	Phone Number
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