

**NORTH DAKOTA FBLA
PARENT OR GUARDIAN PERMISSION FORM, MEDICAL AND MEDIA RELEASE**



NORTH DAKOTA FBLA MEDICAL RELEASE

Name of FBLA Member	
Address	City/State/Zip
Chapter	Date of Birth
Name of Insurance Company	Policy Number
Known drug allergies	Cell Phone Number
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician.	

MEMBER OBLIGATION

I have read the Code of Conduct/Dress Code for North Dakota FBLA. While attending any FBLA Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association. I will follow policies of the conference, school, and the North Dakota High School Activities Association.

Cell Phone: _____

Signature of Business Student / FBLA Member

Home Phone: _____

PARENT or GUARDIAN OBLIGATION

I, the parent/guardian of the above-named student have read the Code of Conduct/Dress Code and agree to the policy of the organization. I permit the adult advisers/chaperones to routinely check member's room to insure that students adhere to policies established by FBLA and the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless, FBLA, the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Cell/Home
Phone: _____

Signature of Parent/Guardian

Work Phone: _____

MEDIA PERMISSION

We authorize Career and Technical Student Organizations and FBLA to distribute for publication the above member's name and/or picture and any results (examples would include: printed publications, web pages, social media, radio, etc. of leadership activities or competition, etc.).

Signature of Participant

Signature of Parent/Guardian

**This form is for your use. Bring it with you to the conference.
DO NOT SEND IT TO THE STATE OFFICE.**



Corporate Sponsorship Form

Name of Company Representative:	Name of Business:	
Address:	City, State:	ZIP:
Phone:	Fax:	
E-mail Address:		
Name of Competitive Event Sponsored:	Amount:	
1 st Choice:	\$	
2 nd Choice:	Make check payable to North Dakota FBLA	

Will a representative of this business be present at the State Leadership Conference to present the award?

Yes No If yes, please list name: _____

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session.

Signatures:

Representative of Business:	Date:
North Dakota FBLA Representative:	Date:

Postmark, along with check, by February 1st to:

Jessica DeVaal
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
jdevaal@nd.gov



Hotel Reservation FBLA State Leadership Conference

Hotel	Conference Dates March 30 - April 1 2025	Submit No Later Than February 6, 2025
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1. See the list of hotels and rates for hotel information – it is your responsibility to make a reservation for your chapter. **Send this form directly to the hotel of your choice. No reservation will be made for the conference without this form. Any changes must be made with the hotel.**
2. Arrangements must be made in advance for Direct Billing or payment for the hotel rooms must be paid by the adviser upon checkout with *one check for the entire amount payable to the hotel.*
3. Advisers must be responsible for all students and are expected to be in the hotel overnight.
4. Type the entire form.

Name of School	Adviser Responsible
Total number of rooms to reserve	Dates rooms should be reserved <input type="checkbox"/> March 30-31, 2025 <input type="checkbox"/> March 30, 2025 only

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

Continued on next page

DUPLICATE THIS FORM IF ADDITIONAL SPACE IS NEEDED.

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room G	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



North Dakota FBLA Code of Conduct

Student Name (print/type)

School (print/type)

- Fall Leadership Conference State Leadership Conference National Leadership Conference

Advisers: Have each delegate sign a copy. Signed copies must be turned in with FLC and SLC registration, and prior to NLC.

ND FBLA Code of Conduct

FBLA members have an excellent reputation. Your conduct at every FBLA function should make a positive contribution to extending that reputation. Listed here are rules of conduct for the FBLA Leadership Conferences. All delegates will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisers, or upon FBLA.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser points during workshops, bodysurfing at dances, etc.)
4. Keep their advisers informed of their activities and whereabouts **at all times**. Accidents, injuries, and illnesses must be reported to the local or state advisers immediately.
5. Observe the curfews as listed in the conference program. Local and state advisers as well as security personnel will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour.
6. Avoid alcoholic beverages and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the delegate to criminal prosecution.
7. Act as guests of the hotel and conference center. Delegates must obey the rules of these facilities. The facilities have the right to ask a delegate or delegates to leave. **Do not throw anything** out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels who have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest room or meeting room floors. Individuals or chapters responsible for damages to any property or furnishings will be responsible for its repair or replacement.

Local advisers are responsible for the supervision of delegate conduct.

Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified, and ND FBLA reserves the right to notify law enforcement.

I agree to abide by the Code of Conduct and the Dress Code.

Signed: _____

Parent Signature _____ Date _____

ND FBLA Dress Code

Projecting a professional image is vital for business leaders to demonstrate respect for clients, colleagues, and others. This policy is to provide guidance for conference attendees – students, advisers, and guests. Professional business attire is required at all general sessions, competitive events, exhibits, regional meetings, workshops, and other activities unless otherwise indicated in conference materials.

Conference name badges are considered part of the dress code and must be worn at all conference functions. For safety reasons, do not wear conference badges outside of the conference area. The dress code is gender neutral.

Business Professional attire acceptable for official ND FBLA activities includes:

ACCEPTABLE

Business suit:

- Suit pants and jacket
- Blouse (or) collared dress shirt
- Neckwear such as tie or scarf
- Dress shoes (or) dress boots

Blazer:

- Dress pants, including khakis, (or) dress (or) skirt
- Blazer
- Blouse (or) collared dress shirt
- Neckwear such as tie or scarf
- Dress shoes (or) dress boots

Dress:

- A business dress
- Dress shoes (or) dress boots

Other Professional:

- Dress pants, including khakis, (or) skirt
- Blouse (or) collared dress shirt
- Neckwear such as tie or scarf
- Dress shoes (or) dress boots

UNACCEPTABLE ITEMS

The following items are prohibited in all conference areas, including competitive events.

- Denim or Flannel Clothing
- Shorts
- Athletic clothing
- Leggings or graphically designed hosiery/tights
- Skintight or revealing clothing, including tank tops, spaghetti straps, and mini/short skirts or dresses more than 1" above the knee
- Swimwear
- Flip flops or casual sandals
- Athletic shoes
- Industrial work shoes
- Hiking boots
- Any canvas or fabric shoes
- Hats
- Graphically Printed Clothing
- Clothing with printing that is suggestive, obscene, or promotes illegal substances

No dress code can cover all contingencies, so FBLA members must use a certain amount of judgment in their choice of clothing to wear. Members who experience uncertainty about unacceptable attire should ask their local adviser, state leader, or conference staff.

FBLA recognizes that exceptions may need to be made and will work with advisers on a case-by-case basis to accommodate requests. Advisers should indicate the need for exceptions on the special accommodation portion of the registration form. Requests made after registration closes must be made in writing.