

The South Carolina Association of SkillsUSA

CODE OF CONDUCT AGREEMENT

This form is for Advisor Records, must bring a copy to the State Conference.

I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.

I will spend each night in the room of the hotel/motel to which I am assigned.

I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.

I will not remain in the sleeping room of the opposite sex.

I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.

I will not leave the hotel/motel without the express permission of my advisor.

My conduct shall be exemplary at all times.

I will keep my advisor informed of my whereabouts at all times.

I will, when required, wear my official identification badge.

I am aware of the local school district's policy concerning tobacco products and will abide by those rules.

I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.

I will adhere to the dress code at all required times.

Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate discipline committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reason for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

Violations of the "Code of Conduct" may be grounds for disqualification, immediate removal from office or competition and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's school administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the participant's school could be disqualified as well.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name.

Print name of Student

Signature of Student Date

Print Name of Parent/Guardian

Signature of Parent/Guardian Date

I am satisfied that the information provided on this form is accurate and approve the student named on this form to attend and participate in SkillsUSA South Carolina activities.

Signature of local advisor

Date