**2018 State DECA Career Development Conference**

***Parents Please Keep This Sheet for Reference***

**Marriott Hotel - Little Rock, Arkansas**

**February 28 and March 1**

If you are interested in shopping or sightseeing please DO NOT attend the State DECA Competition. Plan to attend only if you are serious about winning your competition. This is an Arkansas Activities Association (AAA) sanctioned competition. You must meet all AAA eligibility requirements.

The 2018 State DECA Competition will be held in Little Rock at the Marriott Hotel, located at 3 State House Plaza. **The phone number is (501) 906-4000.** Your room should be registered in your name if your parents need to call you at the hotel

**We will leave from the Harrison High School parking lot at 7:00 AM on Wednesday, February 28th and return about 4:00 PM on Thursday, March 1st.**

Your cost for this activity will be a flat fee of **$50.** This fee will cover the conference registration fee, your hotel room for one night, and transportation.The first **$25 will be due on or before Friday, January 19, 2018**. No exceptions. The second **$25 will be due on Friday, February 9, 2018**. Of course, you may pay the full amount of $50 on or before January 19. **Please note there are NO refunds.**

Students will be responsible for paying for all meals.

On Wednesday and Thursday, you **MUST** wear professional business clothes. This means that men should wear nice dress pants, dress shirt **WITH A NECK-TIE** and a **JACKET/SUIT COAT** with dress shoes. Boots, sliders, and sandals are not considered dress shoes. Ladies should wear a nice dress, skirt, or dressy pant outfit – appropriate hosiery is required. No athletic shoes or jeans are permitted in meetings. There will be a casual activity on Wednesday night and you can wear jeans to that activity.

After we arrive at the Hotel on Wednesday I will attempt to check you into the hotel and give you your room keys. However, it is VERY unlikely that your rooms will be ready before 5:00 PM. So plan to travel to Little Rock dressed for your competition or plan to change clothes in the restroom of the hotel and store your luggage on the bus.

After we arrive at the hotel on Wednesday morning, you will complete the role-play or presentation portion of your competition.

Opening ceremonies will begin on Wednesday night after the competition. The awards session will be held Thursday morning and will conclude around 11:30 AM. We will return to Harrison after the awards session, but we will stop in Conway in order to eat lunch.

**The International DECA Competition will be held in Atlanta, Georgia April 20-25.** In order to attend this conference you MUST first attend the State DECA Competition. You must also place in the top 3 in your event in order to be eligible for attendance. No exceptions. Those students placing first in their events will receive some financial assistance if they decide to compete in Atlanta.

***Please complete and return the attached permission forms and authorization to treat a minor form with your payment.***

**Tentative Agenda**

***Parents Please Keep This Sheet for Reference***

**State DECA Competition**

**Wednesday, February 28, 2018**

 7:00 AM Bus Leaves HHS Parking Lot

 10:30 AM Arrive Marriott Hotel in Little Rock

10:45 AM Distribution of Name Badges and Conference Materials

11:00 AM Lunch in Hotel – Students on their own

12:30 PM Competition Begins

 Individual Events

 Team Decision Making Events

 Chapter Team Events

 6:30 PM Dinner in Hotel – Students on their own

 9:00 PM Opening General Session Begins

 11:00 PM Curfew – all students in their rooms for the night

**Thursday, March 1, 2018**

 7:00 AM Breakfast in Hotel – Students on their own

10:30 AM Awards Session

11:30 AM Check out of Hotel and Board Bus

Noon – Stop in Conway for Lunch

 4:00 PM Arrive HHS Parking Lot



***Return this form to Mr. Dorman by Friday, January 19.***

Harrison High School

#  Permission Slip

Faculty Sponsor School Activity Destination Date & Time Date & Time Transportation

 Departure Return

**Chris DECA Little Rock, 2-28-18 3-1-18 School**

**Dorman State Arkansas Wednesday Thursday Bus**

 **Competition Marriott 7:00 AM 4:00 PM**

 **Hotel**

 **Hotel**

## Student's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to state that my son/daughter, whose name is printed above, has my permission to participate in the school activity as indicated on this form. The sponsors or School District will not be held responsible for any accident or injury going to, during or coming from such activity. It is further agreed that the sponsor shall have the authority to control and enforce the rules and regulations of Harrison High School and the School District throughout the duration of the activity**.**

**PLEASE NOTE:** Professional business dress required. Please contact Mr. Dorman if you have questions 741-8223 EXT 6050 or cdorman@hps.k12.ar.us.



Signature Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Note: School rules and policies will be followed at all times during this activity.***

***Return this form to Mr. Dorman by Friday, January 19.***

**AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent, parents,

or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize and

 (name of student)

consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under applicable law of any hospital holding a current license to operate under applicable law. It is understood that this authorization is given to provide authority and power to render care which aforementioned physician in the exercise of his/her best judgment may deem advisable. It is further understood that an effort shall be made to contact the undersigned prior to rendering treatment to patient, but that in an emergency situation, necessary treatment will not be withheld if the undersigned cannot be reached.

**This consent shall remain effective February 28 and March 1, 2018.**

List any restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies to drugs or foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special medications or pertinent information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers where parents (guardians) may be reached:

**Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

***IF POSSIBLE, PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD***

***Return this form to Mr. Dorman by Friday, January 19.***

Arkansas

## DECA Logo Harrison Blue.JPG

## DECA STATE CAREER DEVELOPMENT CONFERENCE

### ARKANSAS DECA PERMISSION FORM

This is to state that my son/daughter named below has permission to attend the **DECA State Career Development Conference,** relieving the State Department of Work Force Education, the local advisor and the local school district of any responsibility which does not come under the term “reasonable,” and further agree that the state and chapter advisors shall have the authority to control and enforce the listed rules and regulations which have been deemed advisable and reasonable for all students attending this event.

I understand that my son/daughter may be sent home for violations of any of the rules and regulations. Reasonable attempts will be made to contact local school authorities and parent (s) or guardian (s). Those contacted will be given an opportunity to determine the mode of transportation for my son/daughter and will be responsible for the expenses involved.

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Name of Student – *Please Print*

HARRISON HIGH SCHOOL

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Name of School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number Cell Phone Number

NOTE: *No food or drink by students or advisors should be in the competition area. All advisor and student cell phones should be turned off;* **students’ phones going off during competition will result in disqualification.**