



**SECTION 13 – DRESS CODE/  
CODE OF CONDUCT/MEDICAL RELEASE**



# DRESS CODE

## Revisions accepted at 2007 Fall Executive Council Meeting

In order to maintain the positive image of our organization, the following dress code is in effect for members while attending any district or state meeting of Colorado Family, Career, and Community Leaders of America (FCCLA).

The following dress code will be in effect during:

**District Conferences** - Business Casual Attire must be in good taste and consistent with what is acceptable within a business setting. (District Consultant and District Officers can override this code when it is deemed necessary for their conference.)

### State Leadership Conference:

- **Business Professional Attire or Business Casual Attire** is required for all scheduled conference sessions, meetings, competitive events, and workshops – as stated in the Conference Program.
- **Banquet Attire** - For females – Business Professional, formal or semi-formal attire. Any formal or semi-formal dress or blouse with straps smaller than three fingers wide, must have a cover-up, such as a shawl or shrug. Dress or shirt bodice must not extend below the arm pit. For males – Business Professional Attire is required. No denim will be permitted at the banquet.
- **Pool Attire** – Shoes must be worn to and from the pool area. For females – swimsuits must be covered by casual attire (shorts and T-shirt, wrap, etc.) For males – T-shirt must be worn with swim suit.

**Leadership Training and other state-sponsored events** - Business Casual Attire is required. Casual Attire is only acceptable when specifically deemed appropriate (such as for active team building activities.)

For Colorado FCCLA the following guidelines apply:

**Business Professional Attire** - for females includes suits, cropped pant or city shorts with matching/coordinating jacket, dresses, skirts, blazers, dress slacks, blouses, shirts, scarves, sweaters, dress shoes. For males includes suits, blazers with dress pants or docker-type pants (nicely pressed and in good condition), with dress shirts, dress shoes and socks.

**Business Casual Attire** For females - dress or casual slacks (no blue jeans), includes cropped pants; sleeveless or short-sleeved dresses (no spaghetti straps or strapless); skirts; blouses or collared, casual shirts, and dress shoes or sandals. All dress or shirt straps must be no less than 3-fingers wide. NO plastic-type flip flops or beach shoes.  
For males—dress or casual slacks (no blue jeans and no shorts) with collared shirts, denim shirts, no T-shirts.

**Casual Attire** - includes blue jeans (not frayed or torn), shorts, T-shirts or other shirts and shoes that are acceptable for school.

Clothing that is frayed or torn or has objectionable/suggestive messages or pictures is not allowed at any time. Pajama attire, sweats, halter tops, spaghetti straps, and bared midriiffs are also unacceptable.

Revised January 2008



# COLORADO FCCLA POLICIES AND DISCIPLINARY PROCEDURES

## For Members While in Attendance at District, State, Regional, and National Activities

### CODE OF CONDUCT AND VERIFICATION STATEMENT

I understand that if a violation of the Code of Conduct occurs, I may be subject to disciplinary action at the discretion of the Local Adviser/sponsor and state CTSO Specialist and may be sent home at my own expense. I understand all school district policies may apply.

Causes for disciplinary action to be taken:

- A. The possession or consumption of any intoxicating beverage, narcotic drug, or illegal substance by any member is prohibited. (This excludes member's own prescription drugs.) Local authorities may be notified of the incident.
- B. Members of the opposite sex are not allowed in sleeping rooms in hotels unless an adviser is present in the room. **NO EXCEPTIONS** – even with the door open.
- C. Defacing of property (including pulling fire alarms) – any damages to, or loss of furnishings located on the premise of the FCCLA function will be paid for by the responsible individual(s). Local authorities may be notified of the incident.
- D. Violation of school and/or hotel tobacco policies.
- E. Violation of curfew (as stated in program).
- F. Violation of dress code (as stated in the conference policies and information).
- G. Violation of harassment policies.
- H. Any other act that brings criticism or discredit to Colorado FCCLA and/or chapter as determined by the hotel, CTSO Specialist or Chapter Adviser/sponsor.

For more information regarding Policies and Disciplinary Procedures, see Chapter Handbook.

#### 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, competitive event disqualification, 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 FCCLA reserves the right to notify law enforcement. Any Code of Conduct violation must be brought to the attention of the State Adviser prior to the conclusion of the conference. Disciplinary decisions will be made by Chapter Adviser(s) and/or State Advisor and/or local administrator.

This is to acknowledge I have read and understand the FCCLA Policies and Procedures, Code of Conduct and conference Dress Code.

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Student Signature Date

I understand that my child could be sent home at our expense should disciplinary action need to be taken.

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Parent/Guardian Signature Date

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Home Address City State Zip

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

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Chapter Adviser Signature Date

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Building Administrator Signature Date

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School Phone No. (\_\_\_\_) \_\_\_\_\_

**RETURN COMPLETED FORM TO CHAPTER ADVISER**



A SEPARATE FORM IS REQUIRED FOR **EACH STUDENT** ATTENDING STATE-AUTHORIZED ACTIVITIES  
Duplicate as Necessary

**STUDENT AUTHORIZATION - MEDICAL RELEASE - PARENTAL CONSENT FORM**

Student Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Adviser: \_\_\_\_\_ School Name: \_\_\_\_\_

**ADVISER AUTHORIZATION AND STUDENT PARTICIPATION AT ALL LOCAL, DISTRICT, STATE, AND NATIONAL CTSO ACTIVITIES FOR THE YEAR DESIGNATED BELOW:**

Date(s) of Activity: From July 1, \_\_\_\_\_ to August 1, \_\_\_\_\_

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/delegate and has received instructions concerning the organization rules at state authorized activities.

\_\_\_\_\_  
Adviser Signature Date

I, the student, do hereby verify that I have received the above information.

\_\_\_\_\_  
Student Signature Date

**MEDICAL RELEASE:**

I, \_\_\_\_\_  
Parent's/Guardian Signature Social Security #

\_\_\_\_\_ of \_\_\_\_\_  
Relationship Student Name Social Security #

\_\_\_\_\_ of \_\_\_\_\_  
Date of Birth **Complete home address including ZIP Code**

hereby authorize, in advance, any necessary medical treatment required for my son/daughter. This student is presently under medical care.  Yes  No

If yes, explain: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Parent/Guardian Home Phone No.: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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

Any allergies, medications, etc.: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years) Date

\_\_\_\_\_  
Student Signature (if student is over 18 years) Date



A SEPARATE FORM IS REQUIRED FOR **EACH ADULT** ATTENDING STATE-AUTHORIZED ACTIVITIES  
Duplicate as Necessary

**ADULT AUTHORIZATION MEDICAL RELEASE**

Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

School Name: \_\_\_\_\_

**MEDICAL RELEASE:**

I, \_\_\_\_\_  
Adviser, Teacher or Parent/Guest Signature Social Security #

hereby authorize in advance any necessary medical treatment required for me.

I am presently under medical care. \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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

Any allergies, medications, etc.: \_\_\_\_\_

**RELEASE:**

I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

This release is for all local, district, state and national CTSO activities for the **current** school year beginning July 1 and ending August 1.