

## NYS FBLA Adviser/Chaperone Responsibilities

**Due to liability, the following form must be completed by each adult (adviser and chaperone) attending the State Leadership Conference and/or the National Leadership Conference.**

### Adviser/Chaperone Requirements:

- Chapters attending state and national conferences are suggested to have a 15:1 ratio of students to advisers/chaperones for high school groups and a 12:1 ratio for middle school groups.
- Chaperones can be advisers, school employees, parents, or guardians, but they must be at least 21 years of age and approved by the district.

### Registration

All chapters must have at least one fully registered adult adviser/chaperone.

### Hotel Conference Check-In

The school's adviser/chaperone must be present at hotel and conference check-in. Students will not be provided hotel keys or conference materials without an adult adviser/chaperone present.

### On-Site Expectations of Advisers/Chaperones

Advisers/Chaperones are assuming a 24-hour-a-day responsibility from the time they arrive until they leave. Therefore, advisers/chaperones should:

- This is a professional conference, and proper etiquette includes refraining from engaging in side discussions. Let's all contribute to a respectful and productive environment.
- All advisers/chaperones are expected to attend an **adviser meeting** and be in attendance at the conference activities for supervision of the student(s), or be in close proximity if they are an additional chaperone.
- Each adviser/chaperone is expected to fulfill assigned tasks and responsibilities during the conference.
- Be attentive to the needs of the students and be the students' primary adult contact.
- Know the locations and whereabouts of each student assigned to them during the trip.
- Keep an accurate check of their students at all times during the conference; students should not be left unattended including outside of the conference hotels and convention centers.
- Promote FBLA as a positive student experience and therefore act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
- Follow the FBLA Dress Code themselves during all conference activities, including the workshops, opening/closing sessions and Future Leaders Expo Hall (at Nationals).
- Provide completed nightly check-in sheets to security guard by 12:30am on assigned floor (at SLC) which ensures all students are checked in to their hotel room for the night at curfew, remain quiet and respectful of other hotel guests, and not leave their rooms until 6:00am.

**Professional repercussions may include warnings or a formal letter to the represented school district.**

**NEW YORK STATE FUTURE BUSINESS LEADERS OF AMERICA  
ADVISER/CHAPERONE RESPONSIBILITIES AND EMERGENCY FORM**

It is the responsibility of the local chapter adviser to submit this form for **each adult** attending the following event:

**EVENT**

**LOCATION**

\_\_\_\_\_

This form must be emailed as a PDF file to \_\_\_\_\_. The submission of the form is a safety issue; copies of forms are kept electronically at the conference. The information on the forms is kept confidential, and the forms are deleted after the FBLA event. Local Chapter Advisers/Chaperone must carry an original copy to the conference.

**\*\*PLEASE PRINT CLEARLY\*\***

Circle one:      Adviser      Chaperone      School Name: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Cell Phone: \_\_\_\_\_ Participant's Home Phone: \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Plan Number/Group Number: \_\_\_\_\_

I am allergic to the following drugs and/or medications (if none, so state): \_\_\_\_\_

List any medication that must be taken (if none, so state): \_\_\_\_\_

I hereby give permission for an FBLA designee to transport me to or from a doctor or hospital for emergency treatment. **I hereby give permission for the FBLA designee to sign any consents which may be necessary to allow hospital personnel and/or a licensed physician to examine me and perform any emergency procedures, treatment, or surgery which may be necessary and to consent to the administration of any drugs or medication necessary to such emergency care.**

I hereby agree to hold NYS FBLA free and harmless from and indemnify NYS FBLA for any expenses incurred in the rendering of such care and treatment and from any liability which may arise as a result of such care and treatment.

We have read and agree to abide by the NYS FBLA Adviser/Chaperone Responsibilities as stated on the reverse side, also found in the NYS FBLA Handbook, or on the NYS FBLA website at [www.nysfbla.org](http://www.nysfbla.org). We have read and clearly understand the NYS FBLA Dress Code for this event. We understand that damages to any property or furnishings in the hotel or convention center, any items taken from the guest room in the hotel, or any disrespect shown to other hotel guests will result in the adult being held financially responsible for any associated costs. We also agree that the NYS FBLA conference staff and the FBLA Board of Trustees have the right to inform the school district in writing if above named adult is found to be in violation of the adviser/chaperone responsibilities.

The following signatures indicate that all parties have read, understand, and agree to all health, dress code, adviser/chaperone responsibilities, and guidelines, and that all information on this form is correct to the best of everyone's knowledge.

Adviser/Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_