FCCLA State Office, PO Box 131386, Roseville, MN 55113-0012 Postmarked by March 20.

Students-Return form to your Adviser. Advisers - Send form for each student.

**Parent/Guardian Permission Form Attach additional sheets if necessary**

**Student First name Last name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Chapter name Student’s Cell phone** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ­- |  |  |  | - |  |  |  |  |  |  |
|  | **Adviser name…………………………………. .Adviser cell phone** |
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**Directions:** This form is to be returned to the LOCAL ADVISER and used by the local Adviser.

**ADVISERS: Keep a copy and bring a copy of these forms for the state conference registration files.**

The Minnesota Association of the Family, Career, Community Leaders of America will hold the annual state conference at the Hyatt Regency Minneapolis, MN April 7-9, 2024

* Please fill out the questions below if your daughter or son is to be one of the representatives to this conference.
* Forms must be returned before your delegate may attend the conference.

|  |  |  |
| --- | --- | --- |
| 1. Do you approve of your son or daughter attending the State FCCLA Conference to be held at the Hyatt Regency Minneapolis, MN April 7-9, 2024?
 | YES | NO |
| 1. Do you approve of your son or daughter participating in optional fitness activities?
 | YES | NO |
| 1. Do you know the plans for the trip, including who will chaperone the group, the mode of travel, where the group will stay and any plans for sightseeing?
 | YES | NO |
| 1. Do you approve of these plans?
 | YES | NO |
| 1. Do you expect your son or daughter to see or call relatives or friends while en route to or in Minneapolis? If yes, please write the name and address of relative and/or friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | YES | NO |
| 1. Do you plan for your son or daughter to leave the group at any time while traveling to or in Minneapolis? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | YES | NO |
| 1. Does your son or daughter agree to abide by the rules of no use or possession of alcohol, drugs or cigarettes as well as the state conference curfew?
 | YES | NO |
| 1. Does your son or daughter give permission to use likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to MN FCCLA to share this image with its partners for use in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of Minnesota FCCLA and will not be return
 | YES | NO |
| 1. We give consent for FCCLA State Association to have knowledge of hotel reservations and the hotels may provide FCCLA information regarding the attendee’s reservation information to facilitate housing.
 | YES | NO |

**VIOLATION OF THE CODE OF CONDUCT WILL RESULT IN THE PARENT COMING TO MINNEAPOLIS TO GET THE STUDENT OR FINANCING TRANSPORTATION HOME IMMEDIATELY.**

Please Name two persons who may be contacted in case of an emergency

Name Phone

Name Phone

Explain any special care needed:

By signing this, I agree to the terms stated above.

* **Signature of Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature of Delegate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_