



California FCCLA Chapter Affiliation And Event Participation Form

DEADLINE: To meet the established due date, this form must be completely filled out with appropriate signatures, and dispatched to the California FCCLA Financial Services Office (FSO). This form may be sent in by any one of three methods. If scanned and emailed, or if faxed, it must be received in the FSO no later than 5 p.m. Pacific Time on the established due date. This form may also be sent by U.S. Mail to the FSO, and if so, must bear a U.S. Postmark on or before the established due date. **For all active chapters and those receiving SB-1070 funds the due date is September 7, 2018.** For new and reinstating chapters, the due date is January 10, 2019. A \$25 late fee will be applied to forms received after deadline.

SUBMISSION OF COMPLETED FORM:

Electronically -- scan completed form and email to: jstockton@ca-fccla.org

By Fax -- Fax completed form to (209) 744-1602

By U.S. Mail -- to: California FCCLA Financial Office; PO Box 6; Galt, CA 95632

Below are the certification statements for California FCCLA Competitive Recognition Events and State Leadership Conference. Please read through the form and indicate your consent with the appropriate signatures below. By voluntarily signing this waiver, you acknowledge the participation and risks associated with the events.

Event Advisor Certification

*I hereby certify that all of the FCCLA members from our chapter who will be entered in Competitive Recognition Events (CRE) and State Leadership Conference (SLC) via the official California FCCLA online Web Entry System (WES) will be official members of our local chapter as demonstrated by their names appearing on the official chapter roster maintained in the National FCCLA database, have been authorized to represent our chapter as participants, will received both written and verbal instructions concerning personal rules of conduct at state sponsored activities, and will received written and verbal instructions on the rules and procedures pertinent to their event area(s). I further certify that I personally will review all CRE entries made online through the WES and verified the accuracy of information submitted online. If fees are not paid online, I will personally make certain to mail a school check for the total amount of the fees due. I understand that my chapter's entries will not be processed if all the requested information (either online or on this form) has not been submitted with appropriate fees by the established due date. I understand that our chapter participants must each produce an individual Student Permission Form (available online at www.ca-fccla.org) that bears original signatures, at the official dress check for region spring qualifying competitions. I also understand that students who participate in **Chapter Events** at the State Finals, as well as any **Substitutes** and/or **Alternates** who compete at State Finals that **did not** also participate at region spring qualifying competitions, must produce a CRE Student Permission Form at dress check at the State Leadership Conference. I understand and agree, if the individual Student Permission Forms are not made available at the specified time and place, the student(s) shall not be allowed to participate.*

Event Administrator Certification

I have been informed by our local FCCLA Advisor of the CRE program and SLC and certify that said advisor will provide me with the names of all students entered in competition as representatives of our local FCCLA Chapter and our school. I hereby certify that I support and authorize the participation of entered students in these activities. As a co-curricular component integral to the educational curriculum in our school's Family and Consumer Sciences (FCS) Education Department, I understand that participation of our school's students in these activities is part of our local program responsibilities. As the designated site administrator for this school, I agree, on behalf of the school and the local school district of which it is a part, that we shall hold harmless California FCCLA, the FCS education staff, the California Department of Education, or any of its agents, for any accident, illness or injury to our student(s) during participation in state-authorized California FCCLA activities, including CRE, SLC, and necessary travel to and from activity sites.

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Certification by Chapter Advisor

I, _____, certify that I am the official FCCLA Chapter Advisor of record
Print name of Official Chapter Advisor of Record

for the **2017–2018** school year at _____, and that _____ other instructors
Print School Name

teach Family and Consumer Sciences Education classes on this campus. Their names are:

I also certify that I fully understand, agree to, and accept the provisions of this chapter affiliation and CRE/SLC participation form.

Certified by: _____
Signature of Chapter Advisor of Record

Certification by School Principal

As site principal, I hereby affirm that the instructor who signed the certification above, is the official Advisor of Record for the FCCLA Chapter at this school site.

Furthermore, I do hereby certify that the official unduplicated student count in ALL Family and Consumer Sciences Education courses currently offered at this school is _____ students.
number

I also certify that I fully understand, agree to, and accept the provisions of this chapter affiliation and event participation form.

Certified by: _____
Print name of School Principal Date Signed

Signature of School Principal

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