

2024-2025 Georgia FCCLA Adviser Responsibility Form

Directions: *This form must be signed by the adviser(s) and will need to be submitted at the conference registration desk upon arrival.*

Chapter advisers must acknowledge their responsibilities in making certain that attendees from my chapter participate in all of the scheduled event/conference activities and policies. Advisers who allow students to skip or leave sessions/activities early or attend conferences out of dress code are putting students at higher risk of behavioral problems and diminishing the programming and educational goals of Georgia FCCLA. Advisers must assume complete responsibility for such decisions and behaviors.

Acknowledgement of Responsibility Statement

Attending All Scheduled Activities:

I understand the importance of providing a safe, enjoyable experience for my students. I realize that students are expected to participate in the full schedule of conference sessions, workshops, and activities. I assume responsibility for keeping students involved in the scheduled conference activities throughout the day.

Abiding by Conference Dress Code:

I have reviewed the Code of Conduct and Georgia FCCLA Dress Code for this event with my students. I will ensure my students attend the conference according to the dress code in the Adviser Guide for this event. I have also discussed appropriate behavior during this event/conference.

Providing Signed Multiple Release Forms:

I certify that completed Multiple Release Forms have been submitted to the State Office for all members attending the Georgia FCCLA event listed below. I have made physical or digital copies of these Multiple Release Forms, and they will be in my possession for the entirety of the event/conference.

Understanding Consequences:

I am responsible for following the adviser's responsibilities, and I understand that my principal and/or CTAE Director may be notified in the event of a major or a repeated concern.

Georgia FCCLA Event/Conference:

Chapter/School:

Adviser(s):

Adviser(s) cell phone:

School phone:

Principal name:

Adviser(s) Signature:

Date signed: