2025 PENN HOSA STATE LEADERSHIP CONFERENCE (SLC)

Conference Forms Description

PLEASE NOTE: All SLC Registration Forms can be found on the PENN HOSA website at [www.pahosa.org](http://www.pahosa.org).

All SLC Registration Forms should be emailed to: **aspranklehosa@gmail.com**

Checks should be made payable to: PENN HOSA

…and mailed to 432 W Springettsbury Ave

York, PA 17403

All SLC Registration Forms are due on or before February 28, 2025.

**HOSA.org ONLINE REGISTRATION**

ALL Students and Adults attending SLC need to be registered as either a STUDENT, ADVISOR, CHAPERONE, or GUEST. There should be 1 Adult registered for every 10 students attending SLC.

As you register students and adults for SLC, you will want to ensure you check the appropriate boxes under the Activities/Options.

\***Voting Delegate** (can not be a competitor or State Officer Candidate. You may have 1 for every 10 affiliated members with a max of 5)

\***Voting Delegate Alternate** (same as above, will attend meetings, but will not vote)

\***Event Assistant** (preference to be a “patient”)

\***State Officer Candidate** (can not be a competitor or Voting Delegate)

\***Accessibility & Mobility Needs** (please capture any physical or other needs for us to consider for the hotel/conference)

\***Dietary Allergies & Needs** (Nuts, Dairy, Eggs, Gluten, Vegan)

\***Ramadan Observation** (these participants will receive a different colored bracelet giving them access to carryout containers at dinner and access to early breakfast-must be registered)

\***BINGO Basket** (mark if your school will donate a basket for Wednesday evening BINGO)

\***Sponsor Thursday PM Activity** (Please contact me with ideas of rooms to sponsor examples-Corn Hole Tournament, Just Dance room, Board Games, Crafts, Minute to Win It games, Relay Races)

\***Penn HOSA Foundation** (If your chapter made a donation, please mark for Recognition)

\***# of Years as An Advisor** (If your Advisor is celebrating 5, 10, 15, 20, 25, 30+ years as an Advisor, please mark)

\***Chaperone able to Judge** (If there is a parent or other chaperone attending who may be available to judge an event on Thursday, please mark.)

\***State Officer Credit** (Only mark this if you have a 2024 State Officer!)

**PLEASE NOTE-**Competitors in IEP Events-**Personal Care, Life Support Skills, Interviewing Skills and Speaking Skills *MUST* have SPECIAL ACCOMODATIONS** form from the HOSA.org website completed and submitted by 2/28/25.Other Competitors needing accommodations should also have this form completed and submitted by 2/28/25.

**REQUIRED FORMS**

MEDICAL LIABILITY RELEASE FORM – Required Form for EVERYONE

* One form is required for each conference attendees choosing to remain at the conference site including all student members, guests, parents, advisors, and chaperones.
* Only the form provided will be accepted; individual school specific forms are unacceptable.
* All fields must be completed in full. (Use N/A for any field where there is no response)
* Post-secondary/collegiate members do not require a parental signature.
* Keep a copy of this form for your records.

CODE OF CONDUCT SIGNATURE PAGE FORM (PENN HOSA) – Required Form for EVERYONE

* One form is required for each student attendee.
* All fields must be completed in full.
* Post-secondary/collegiate members do not require a parental signature.
* Keep a copy of this form for your records.

STUDENT PARTICIPATION PERMISSION FORM – Required Form

* One form is required for each student attendee
* Only the form provided for the conference will be accepted (not individual school forms)
* Keep a copy of this form for your records.

PA ACTS 15 AND 126 ASSURANCE FORM – Required Form for ADULTS-1 per chapter

PA Act 126 of 2012 mandates that all school entities and independent contractors of school entities provide their employees who have direct contact with children with training on child abuse and sexual misconduct recognition and reporting.

PA Act 15 of 2015 requires comprehensive criminal and child abuse background checks for employees and volunteers who have direct contact with children.

PENN HOSA requires that all adult advisors and chaperones (including those representing post-secondary/collegiate chapters) responsible for a child’s welfare or having direct volunteer contact with children fully comply with Acts 126 and 15.

* One form is required for each school entity.
* Every advisor and/or chaperone attending the SLC must be listed on the form.
* Form must be signed by the Chief School Administrator, CTE Director or Principal.
* Post-secondary/collegiate students are not required to comply with Acts 126 and 15.
* Keep a copy of this form for your records.

**MISCELLANEOUS FORMS**

OUTSTANDING HOSA ADVISOR OF THE YEAR AWARD APPLICATION-1 per Chapter

* All secondary, post-secondary and collegiate HOSA advisors are eligible to apply.
* It is the purpose of this application to highlight outstanding HOSA contributions.
* Application requires a letter of support/recommendation from CTE Director/Principal.
* Announce of the recipient(s) will be made at the Recognition Session at the SLC.
* Application should be included in the SLC Registration Forms Packet.
* Application due on or before February 28, 2025

TRANSIENT MEAL VOUCHER ORDER FORM-1 per Chapter

* Use this form when pre-ordering meals for anyone not registered for a 2 or 3 night stay at the SLC venue.
* Pre-ordered vouchers will be given to the advisor or guest at conference registration.
* Payment must accompany request.
* Due to the advanced notice and financial commitment PENN HOSA must make to the SLC venue, payments for Transient Meal Vouchers are **non-refundable**.
* Form due on or before February 28, 2025

**HOTEL FORMS**

HOTEL REGISTRATION FORM – Required Form-1 per Chapter

* Use this form for SLC lodging reservations.
* Payment must accompany form
* Form and payment are mailed directly to Hotel (not PENN HOSA)
* Keep a copy of this form for your records.
* Form and payment due on or before February 28, 2025

HOTEL ROOMING LIST FORM – Required Form-1 per Chapter

* Use this form to group students and adults in hotel sleeping rooms.
* Use more than one form if necessary.
* Keep a copy of this form for your records.
* Mail this form with Hotel Registration Form on or before February 28, 2025.

HOTEL CREDIT CARD AUTHORIZATION FORM – Use if applicable-1 per Chapter

* Use this form for any school entity that wishes to use a credit card for the payment of hotel fees.
* This form should be completed by the authorized card holder.
* Mail this form with Hotel Registration Form on or before February 28, 2025

HOTEL-UNDERAGE DISCLAIMER FORM-EVERY STUDENT

* Required for ALL STUDENTS
* Signed by Parent
* Returned to HOTEL with their paperwork by 2/28/25

CHAPERONE WAIVER FORM-EVERY CHAPERONE/ADVISOR

* Required for ALL Adults
* Returned to HOTEL with their paperwork by 2/28/25.