



California FCCLA Chapter Affiliation and Event Participation Form

DEADLINE: ALL Chapters must submit a completed and appropriately signed Chapter Affiliation and Event Participation Form **via email** to the California FCCLA Financial Services Office (FSO). It must be RECEIVED no later than 5:00 pm Pacific Standard Time (PST) on the established due date of **September 20, 2024**. If form is not received by the deadline date, chapters attending California FCCLA events will be placed on probation per state bylaws.

Scan and email the completed form to: tchapman@ca-fccla.org

Below are the certification statements for California FCCLA Students Taking Action with Recognition (STAR) 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 certify that all of the FCCLA members from our chapter who will be entered in STAR Events 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. They have been authorized to represent our chapter as participants, will receive both written and verbal instructions concerning personal rules of conduct at state-sponsored activities, and will receive written and verbal instructions on the rules and procedures pertinent to their event area(s). I further certify that I personally will review all STAR entries made online through the WES and verify the accuracy of information submitted online. If fees are not paid online, I will personally make sure 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 and state-level competitions. I also understand that students who participate in **Team 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 STAR 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 STAR Event Program and SLC and certify that said advisor will provide me with all students' names entered in the competition as representatives of our local FCCLA Chapter and our school. I hereby certify that I support and authorize the participation of the documented 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 the 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 STAR, 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 **2024–2025** 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 STAR/SLC participation form.

Certified by: _____
Signature of Chapter Advisor of Record

Certification by School Principal

As site principal, 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

For **ALL** chapters the deadline is September 20, 2024. This form must be submitted prior to participation in all FCCLA events. **If form is not received by the deadline date, chapters attending California FCCLA events will be placed on probation per state bylaws.**

Submit form electronically – scan completed form and email to:
tchapman@ca-fccla.org Once received, a confirmation email will be sent.