



Name of Competitor: _____

Name of Event: _____

Culinary Display Category: _____

Please check Level: 1 2 3 and Occupational

CALIFORNIA FCCLA STAR EVENTS STUDENT PERMISSION FORM

This form is required of all California FCCLA members participating in Students Taking Action with Recognition (STAR) Events. Each STAR Event participant shall complete this page making certain it bears original signatures at all signature locations. Once completed, the form must be submitted to the FCCLA Chapter Advisor who must complete the **STAR Event Google Form and Certify** that all STAR Event permission forms have been completed and in his/her possession. If requested, the Chapter Advisor must submit the completed form to the State Advisor. If this form is not completed and turned in, the student is disqualified and is not eligible to compete. Additionally, students representing their chapters in a state finals team event, AND substitutes/alternates competing in state finals events who did NOT participate at the spring region qualifying event, must complete and turn in one of these forms at the state finals event official dress check.

NAME: _____ EVENT: _____ LEVEL: _____

SCHOOL: _____ REGION: _____

Participant Agreement

I hereby certify that I am an active FCCLA member for the school year in which I am competing in STAR Events; that my advisor confirms that my name appears on the official chapter roster on file with the FCCLA Financial Services Office; that my advisor/instructor has provided me with verbal and written instructions regarding personal conduct guidelines for participation at state-sponsored FCCLA events and for rules and procedures for my specific event area.

Date: _____ Participant Signature: _____

Parent/Guardian Agreement

I hereby agree that my son/daughter has my permission to participate in STAR Events activities sponsored by California FCCLA. I agree to hold harmless California FCCLA, the Family and Consumer Sciences (FCS) State Staff, the California Department of Education, and all of its/their agents, for any accident, illness or injury to my son/daughter during participation in state-authorized FCCLA activities, including STAR Events and necessary travel to and from activity sites. Further, I hereby grant to California FCCLA, FCS State Staff, and the California Department of Education, and to its/their employees, agents, assigns, and sponsors the right to photograph my son/daughter while engaged in FCCLA activities and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet for the purpose of promoting FCCLA events, activities and/or the organization itself. I certify that I am a legal custodial parent/guardian of the child named at the top of this form and that I have the aforementioned rights to assign.

Note: Parent/Guardian signature required regardless of Participant's age.

Date: _____ Parent/Guardian Signature: _____