

Statement of Assurance



Deadline: January 21, 2010

Mail or Fax To: Oregon DECA
Oregon CTSO Center
2611 Pringle Rd SE
Salem, OR 97302
fax: 503.385.4875

I, _____, understand the importance of the Oregon DECA Participant Code of Conduct and Emergency Medical Treatment Authorization Form and assure that my students attending this function have completed the above-mentioned forms for the following DECA activity.

Activity: Oregon DECA Activities 2009-2010

Date: July 2009 – June 2010

By signing below I am also indicating that I will have the Participant Code of Conduct and Emergency Medical Treatment Authorization Form in my possession for the duration of the above activity, including travel to and from this activity. I also understand the following:

- The Oregon DECA will not collect the individual student forms for this activity.
- Students attending Oregon DECA activities may have the opportunity to attend tours, thus requiring walking or further public transportation.
- Oregon DECA recommends an advisor to student ratio of 1:15 at all overnight events. Advisors should consult their school district policy regarding supervision of students on trips.
- All conference attendees must stay at the designated SCDC hotel(s).
- Proper completion of Participant Code of Conduct and Emergency Medical Treatment Authorization Form provides the best protection for student's needs and my liability during a DECA activity.
- The responsibility for the safety of this school's delegates rests with people signing this Statement of Assurance.

Chapter Advisor Signature

Date

School Official Signature

Date