

ALL MEMBERS WILL BE REQUIRED TO FUNDRAISE, REGARDLESS OF NOT COMPETING. YOU MAY PAY \$60.00 UPFRONT WHEN YOU TURN IN YOUR APPLICATION, OR SELL \$120.00 WORTH OF PRODUCT IN NOVEMBER. YOU MAY NOT PAY AT A LATER DATE.

**Sharyland High School
BPA Chapter
Membership Form 2019-2020**

For Advisor Use Only

Member Dues:
Early \$45 – Due September 27, 2019
Standard \$55 – Due October 25, 2019
Late \$65 – Due November 5, 2019
(Includes price of club shirt)
Receipt #: _____

LEGAL Full Name: _____ **Shirt Size: XS – S – M – L – XL – XXL**

Mailing Address: _____

ID#: _____ **Current GPA, Juniors and Seniors (4.0 Scale):** _____ **Graduation Year:** _____

Gender: Female or Male **Grade Level: 9 – 10 – 11 - 12** **Ethnicity:** _____

Citizenship: _____ **GPA (Seniors and Graduating Juniors Only):** _____

Cell Phone Number: _____ **E-mail Address:** _____

Medical Conditions: _____ **Allergies to any medications:** _____

List **EMERGENCY** over-the-counter, non-prescription, medication allowed to take for fever, pain(s), headache, migraine, stomach ache, allergies, or other ailments on school sponsored trips. Examples include, Extra Strength Tylenol, Liquid Acetaminophen, Advil, Motrin, Pepto Bismol, Tums, Pepcid, Benadryl, Cough Drops (no aspirin of any kind).

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Parent/Guardian Consent: I give permission for the above medication(s) to be given to my child at school sponsored events. I understand that the medication may be given by an authorized SISD employee, and prior to administration, I will be contacted at the telephone numbers listed.

Emergency Contacts: (Mother, Father, Guardian, Aunt, Uncle, Grandparent, etc.) MUST PROVIDE THREE CONTACTS

Name: _____ **Relationship:** _____ **Mobile Phone Number: () -** _____

Name: _____ **Relationship:** _____ **Mobile Phone Number: () -** _____

Name: _____ **Relationship:** _____ **Mobile Phone Number: () -** _____

Business or Technology Courses

Check courses you have previously taken or are currently taking.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting I | <input type="checkbox"/> Global Business | <input type="checkbox"/> Other, please list. _____ |
| <input type="checkbox"/> Accounting II | <input type="checkbox"/> Banking and Financial Services | _____ |
| <input type="checkbox"/> BIM I | <input type="checkbox"/> Web Technologies | _____ |
| <input type="checkbox"/> BIM II | <input type="checkbox"/> Professional Communications | _____ |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Principles of Information Technology | _____ |
| <input type="checkbox"/> Principles of Business, Marketing, and Finance | <input type="checkbox"/> Business Management | _____ |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Human Resources Management | _____ |
| <input type="checkbox"/> Business Law | | |

I understand that if accepted as a BPA Member, I will need to perform my duties to the best of my abilities, and attend all scheduled BPA events, meetings, conferences, and competitions that are required. I will also participate in **ALL** fundraising activities, even if I decide **NOT** to compete. I further understand that I will abide by the Sharyland ISD Student Code of Conduct as depicted in the Sharyland ISD Student Parent Handbook

(http://www.sharylandisd.org/our_district/_student_parent_handbook), and should I **NOT** comply I will face the necessary consequences as imposed by advisors, administrators, chaperones, or other assigned school personnel. Furthermore, I acknowledge that it is the ultimate decision of the organizing sponsors to accept and approve my membership application. Additionally, I understand that being a BPA Member is an honor, and it is **MANDATORY** for me to possess high moral values, display respectable ethics, act accordingly and in a respectful manner, at **ALL** times, in **ALL** functions, **IN** or **OUT** of school. I **WILL** comply and turn-in all fundraising monies on the assigned due date, and recognize that not doing so will result on a hold to be placed on my student account, and may cause a hold on my diploma or transcript. Signing up for competition and not fulfilling my obligation to compete, failing to complete my project/presentation, or not appearing on the day of competition will result in a **\$30.00 Fee**. Should I **NOT** comply with the aforementioned, a hold will be placed on my student account, transcript, and possibly graduation diploma.

***Not abiding by any of the above standards may result in permanent suspension from the organization and/or other reprimands.

***Possible reasons for denial of membership may include: past documented disciplinary infractions, failure to follow directives, unacceptable attitude, history of not complying with instructions while on past field trips or competitions, and/or nonfulfillment of fundraiser activities.

DATES:

Club Fair – Back Gym	August 29, 2019
First Recruitment Meeting – Lecture Hall	September 4, 2019
First Official Meeting – Lecture Hall	October 2, 2019
Concession Stand – Richard Thompson Stadium	October 4, 2019
Fall Leadership Conference – PSJA T-Stem	October 5, 2019
Trunk or Treat/HoCo Prep – Sharyland High School	September 15, 2019 – October 31, 2019
Trunk or Treat/HoCo Parade – Sharyland High School	October 31, 2019
Regionals – STC, McAllen, TX	January 9-10, 2019
State Leadership Conference – Dallas, TX	March 3-7, 2020
National Leadership Conference – Washington, DC	May 6-10, 2020

DATES ARE SUBJECT TO CHANGE, ATTENDANCE IS MANDATORY TO QUALIFYING EVENTS. MEMBERSHIP AND DUES FULFILLMENT DOES NOT GUARANTEE A COMPETITIVE SPOT. COMPETITIVE SLOTS WILL BE FILLED ON A FIRST COME-FIRST SERVE BASIS, AND/OR UP TO SPONSOR/ADVISOR DISCRETION.

Fall 2019 Schedule

Block	Subject	Teacher
1		
2		
3		
4		
5		

Spring 2020 Schedule

Block	Subject	Teacher
1		
2		
3		
4		
5		

Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs and/or video taken of me in any form whatsoever for Sharyland ISD or other media outlets. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of the Sharyland ISD Web site. I have read this document and am fully aware of the content and implications, legal and otherwise.

I, the parent or guardian of _____, hereby give approval for his/her participation in B.P.A and Business Education/CTE events, competitions, and field trips, for the 2019-2020 school year. I assume all risks and hazards incidental to such transportation to and from the activity, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Sharyland Independent School District, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from the activity, for any claim arising out of injury to my child. Therefore, you will release the Sharyland Independent School District and those in charge from responsibility for accidents.

I also grant permission to managing personnel or other teachers to authorize and obtain emergency medical care or treatment from any licensed physician, hospital, or medical clinic should my child become ill or injured by participating in these activities.

Date / /

Student Signature

(Month) (Day) (Year)

ID # _____

Date / /

Parent Signature

(Month) (Day) (Year)