



School: _____

Advisor(s): _____

OKLAHOMA BPA
STATEMENT OF ASSURANCE

I, _____ have a properly completed and signed
Advisor's Name

Oklahoma BPA Delegate Conduct Policies and Procedures form on file for every student attending any BPA Leadership Conference or workshop.

By signing below, I am also indicating that I will have the Oklahoma BPA Delegate Conduct Policies and Procedure forms in my possession for the duration of any conference or workshop, including travel to and from such event. I also understand the following:

1. Oklahoma BPA will not collect the Delegate Conduct Policies and Procedure forms prior to or at any BPA Leadership Conference/Workshop.
2. The Oklahoma BPA Delegate Conduct Policies and Procedure forms, when properly and totally completed, provides the best protection for my students' medical needs and my liability during BPA Leadership Conferences/Workshops.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

Chapter Advisor's Signature

Date

Advisor's Emergency Contact/Cell #'s at conference

School Official's Signature

Date

Send form to bmite@careertech.ok.gov

THIS FORM MUST BE COMPLETED BY EVERY ADVISOR ATTENDING A BPA LEADERSHIP CONFERENCE OR WORKSHOP WITH STUDENTS. THE COMPLETED FORM MUST BE SUBMITTED TO OKLAHOMA BPA ON OR BEFORE THE DEADLINE. NO CONFERENCE REGISTRATIONS WILL BE ACCEPTED UNTIL THIS FORM IS ON FILE WITH OKLAHOMA BPA.