



Established in 1946, DECA Inc. is a not-for-profit student organization with more than 300,000 members in all 50 U.S. states, the District of Columbia, Canada, China, Germany, Guam, Hong Kong, Korea, Mexico and Puerto Rico. DECA prepares emerging leaders and entrepreneurs in marketing, finance, hospitality and management.

**\*\*\*MEMBERSHIP FORM and PAYMENT IS DUE OCTOBER 5th\*\*\***

**\*\*Email a copy of your filled out form to [oatesj@ltsidschools.org](mailto:oatesj@ltsidschools.org) or turn it in at the DECA Mart School Store (near the main cafeteria)!\*\***

**\*\*Payment must be turned into DECA Mart, Mrs. Oates, Mrs. Griffith, or mailed to Lake Travis DECA 3324 RR 620 #D102 Oates, Austin, TX 78738. Checks should be made out to LT DECA\*\***

**SUBMISSION OF THIS FORM REGISTERS YOU FOR DISTRICT COMPETITION**

**Membership Fee: \$75**

\$75 fee payable by check or cash made out to LT DECA includes: *LT DECA t-shirt, district registration fee, district t-shirt, state dues, national dues, quarterly DECA direct magazine, participation in LT chapter meetings, local, state and national activities, fundraising, community service opportunities, officer elections, and awards.* Please visit these websites to learn more about the DECA program.

[www.ltdeca.org](http://www.ltdeca.org) [www.texasdeca.org](http://www.texasdeca.org) [www.deca.org](http://www.deca.org)

**\*\*DECA DISTRICT COMPETITION WILL BE ENTIRELY VIRTUAL (DEC 3rd - DEC 10th)\*\***

**Years in DECA (circle):**    new member    1    2    3                    **Student ID#** \_\_\_\_\_

**T-shirt size (circle):**    small    medium    large    xlarge    xlarge

**Gender (circle):**    Male    Female                    **Grade:**    9        10        11        12

\*DECA stoles available for those graduates who compete at the state level

\*\*\*\*\*Please print neatly\*\*\*\*\*

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **School email** \_\_\_\_\_

**Parent First Name** \_\_\_\_\_ **Parent Last Name** \_\_\_\_\_

**Parent Cell** \_\_\_\_\_ **Parent email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DECA Competitions:**

District: \*VIRTUAL\* Dec 3rd-10th    State: TBD    ICDC: \*TENTATIVE\* April 24-27 Anaheim, CA

*The event I would like to compete in is:*

<https://www.deca.org/high-school-programs/high-school-competitive-events/>

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My partner(s) will be: \_\_\_\_\_

Sign Here:

X. \_\_\_\_\_

**\*\*\*This is the event you will be registered to compete in\*\*\***

Explore events at this link or refer to the “DECA Events List” attachment:

<https://www.deca.org/high-school-programs/high-school-competitive-events/>\*\*\*

**\*\*\*Check out [www.ltdeca.org](http://www.ltdeca.org) to learn more about each competition event\*\*\***



DECA - Permission Slip Parent Approval for Trips
\*\*ALL TRIPS ARE TENTATIVE\*\*

I hereby certify that my son/daughter/guardianship \_\_\_\_\_ has my approval, except as noted, to participate in official Career & Technology activities such as field trips, tours, student conventions, trips, leadership contests or other activities under the sponsorship of the Career & Technology Department. Aware of the risks incidental to said participation, I hereby waive, release, indemnity and agree to hold harmless the LAKE TRAVIS INDEPENDENT SCHOOL DISTRICT and its officers, employees, agents, and representatives for any and all injuries incurred by my son/daughter/guardianship in participation in and transportation to and/or from all official Career & Technology activities except those injuries arising from willful misconduct on the part of said officers, employees, agents and representatives In the event accident, injury, or illness occurring in my absence necessitates medical attention, you are specifically authorized and given sole discretion to obtain medical attention at such place and from such person or persons as your sole judgment shall determine, and I agree to be financially responsible for the costs involved in obtaining the medical attention.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

Parent/ Guardian Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

My son/daughter/guardianship is covered by medical insurance policy:

\_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy #

\_\_\_\_\_ In the event of accident, injury or illness, certain medical information must be made available to authorized medical personnel. Blood Type \_\_\_\_\_ Is the student allergic to any medicine? If so list them \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**LTHS Club Permission Form 2020-2021**

This form must be signed by a parent and returned in order to join a club!

Student ID Number \_\_\_\_\_ Grade (circle) 9 10 11 12

Gender (circle) Male Female

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_  
Print legibly please

**I give my student permission to join Lake Travis High School  
DECA.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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