



## **DUPAGE COUNTY ACT-SO NATIONAL YOUTH TRAVEL & COMPETITION BEHAVIORAL AGREEMENT**

This Behavioral Agreement is intended to ensure a safe, respectful, organized, and positive experience for all students, parents/guardians, advisors, volunteers, and chaperones participating in sponsored travel, competitions, conferences, and hotel stays.

Participation in this trip is a privilege. All students and parents/guardians are expected to understand and comply with the standards outlined below.

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### **Student Expectations**

As a student participant, I understand and agree to the following:

#### **Conduct & Representation**

- I will represent the organization, my community, and my delegation with respect and positivity at all times.
- I will demonstrate courtesy, professionalism, and respect toward fellow students, advisors, chaperones, judges, volunteers, hotel staff, transportation staff, and members of the public.
- I will honor and follow all rules, policies, procedures, and expectations established by the NAACP, competition officials, hotel, transportation providers, and the DuPage County ACT-SO leadership team.
- I will follow all directions from DuPage County ACT-SO advisors and chaperones, promptly and respectfully.

## **Supervision & Safety Expectations**

- I understand that once I am dropped off for travel, I am in the care, custody, and supervision of the DuPage County ACT-SO team until I am officially returned to my parent/guardian at the conclusion of the competition and travel activities.
  - I will never leave the group, delegation, hotel, competition venue, or activity location unaccompanied or without authorization from designated adult leadership.
  - I understand that students may not leave the delegation for any reason during the trip unless expressly authorized by DuPage County ACT-SO leadership with the approval of a parent/guardian in extraordinary circumstances.
  - I will remain with my assigned group and participate in all required meetings, activities, and check-ins.
  - I will promptly report any illness, injury, medical concern, safety issue, or emergency to a chaperone or advisor.
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## **Hotel & Curfew Expectations**

- I will respect hotel property and the property of others.
  - I will honor all room assignments, curfews, and hotel procedures established by DuPage County ACT-SO leadership.
  - I will not leave my assigned hotel room after curfew except in the event of an emergency or with permission from a chaperone.
  - I will maintain appropriate noise levels and refrain from disruptive behaviors in hotel rooms, hallways, elevators, meeting rooms, and common areas.
  - I will honor all hotel check-out procedures and departure timelines established by the delegation.
  - I understand that students may not visit rooms of other students without the permission of DuPage County ACT-SO leadership or unless supervised as part of an approved group activity.
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## **Roommate Responsibilities**

- I will be a good roommate by keeping shared spaces clean.
  - I will respect my roommate's personal space and privacy.
  - I will communicate openly and address any concerns with my roommate respectfully to maintain a harmonious living environment.
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## **Personal Responsibility**

- I accept full responsibility for safeguarding my own money, valuables, electronics, identification, luggage, and personal belongings.
  - I understand that the organization, advisors, volunteers, and chaperones are not responsible for lost, stolen, or damaged personal property.
  - I will use electronic devices and social media responsibly and appropriately.
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## **Health & Dietary Needs**

- I understand the importance of disclosing any dietary restrictions, allergies, medical conditions, medications, accessibility needs, or other health-related concerns prior to travel.
  - I agree to promptly communicate any health concerns or symptoms that arise during the trip to a chaperone or advisor.
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## **Prohibited Conduct**

The following behaviors are strictly prohibited:

- Possession or use of alcohol, tobacco, nicotine products, vaping devices, illegal substances, or weapons
- Fighting, bullying, harassment, intimidation, hazing, or threatening behavior
- Theft, vandalism, destruction of property, or inappropriate conduct
- Leaving assigned areas or separating from the delegation without authorization
- Possession of prohibited or inappropriate materials

- Any unlawful conduct or behavior that jeopardizes the safety, wellbeing, or reputation of the delegation or organization
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### **Parent/Guardian Expectations**

As a parent/guardian, I understand and agree to:

- Support the behavioral expectations and policies established by the NAACP and DuPage County ACT-SO leadership.
  - Reinforce respectful behavior, cooperation, and accountability with my student.
  - Ensure my student understands all travel expectations and is prepared for participation.
  - Provide accurate emergency contact information and disclose all relevant medical, dietary, accessibility, or behavioral concerns prior to travel.
  - Understand that chaperones and advisors are responsible for supervising multiple students and must make decisions in the best interest of the safety and wellbeing of the entire delegation.
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### **Disciplinary Action**

Failure to comply with this agreement may result in disciplinary action, including but not limited to:

- Verbal or written warning
- Parent/guardian notification
- Restricted participation in activities
- Removal from specific events or activities
- Early dismissal from the trip at parent/guardian expense
- Suspension from future travel or program participation

Serious misconduct may result in immediate removal from the delegation and additional disciplinary or legal action when appropriate.

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**Acknowledgment & Agreement**

By signing below, we acknowledge that we have read, understand, and agree to comply with the expectations outlined in this Behavioral Agreement.

We understand that participation in this trip is contingent upon adherence to these standards and expectations.

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**Student Information**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DuPage County ACT-SO Chairperson**

Chairperson Name: Leslie Ford

Signature: *Leslie Ford*

Date: 06/02/26