



Syn-Lod Code of Ethics

Top Teens of America

Area _____ Chapter _____

1. All Top Teens are expected to be present at all meetings and activities. If a Teen is not going to be present, the Advisor must be notified at once as to where the Teen will be and the reason for not being present.
2. All curfews must be followed. All Top Teens must be settled in their room by 12:00 PM (MANDATORY). There will be absolutely no visitation in rooms after this hour. The National Top Teens Director will determine any extensions of this hour.
3. Top Teens are not to leave the convention site under any circumstances without the permission of and direction from their Top Teens Advisor. Any Teen doing so, without permission, will be disciplined. All TLOD members (mother, aunt and/or grandmother) must respect directives of TTA Advisors when TTA members leave home under the auspices of TLOD members.
4. There shall be no co-ed visitations in the hotel sleeping rooms. No Exceptions. Any co-ed visitation will be considered a breach of the Code of Ethics and will be handled accordingly.
5. Alcoholic beverages, marijuana, any illegal stimulants or depressants are not permitted at any conference, convention, function or activity of Top Teens of America. Any Teen found with any of these substances will be disciplined. Parents and the proper authorities shall be notified of any Teen's involvement in any illegal activities and shall be sent home at the parent's expense.
6. Top Teens shall conduct themselves in a manner that will be a credit to the organization: good manners, proper attire and avoid unnecessary boisterousness. Top Teens should never be guilty of being loud. Therefore, always keep in mind that Top Teens should act like young ladies and young men.
7. Dress for the occasion: Dressy/business attire for all meetings; dressier attire as required for the occasion; hemlines should be no more than three (3) inches above the knees at anytime. There shall be no bare ankles, short shorts or above the knee pants for special activities where pants can be worn.
8. Do not run in the halls or gather in unassigned areas. Top Teens are guests of the convention site; therefore, we must respect the hotel's property.
9. Top Teens shall abide by the convention site rules and regulations.
10. A National Top Teens Review Board shall be appointed to review cases of Teens breaking the Code of Ethics.
 - a. The Review Board shall be composed of seven (7) Top Teens of America members (National TTA President and one Teen from each Area), three (3) TTA Advisors from the National Advisory Council and the National TTA Director. The National TTA President shall preside. Should the original grievance be against the National TTA President, the national officer on the Review Board shall be the National TTA First Vice President.
 - b. The decision of the Board is final upon consultation with the National President of Top Ladies of Distinction, Inc.
 - c. Penalties for infractions shall be as follows:
 - (1.) Chapter becomes ineligible to compete for awards.
 - (2.) Chapter shall forfeit any awards received.

- (3.) Fines shall be imposed upon the Teen(s) and their Chapter(s), not to exceed \$25.00 per infraction; and/or
- (4.) Community service time (documented by the Chapter TTA Advisor).
- (5.) Monies collected from fines shall be designed for scholarship(s) to be awarded from the National TLOD body.

d. Please refer to Article III Membership, section 5: “A member may be fined and/or suspended from Top Teens of America for breach of the Code of Ethics by the Review Board. Additionally, Article III Membership, section 6 states, “Membership in Top Teens of America may be terminated at the request of the membership, after being brought before the Review Board for violation of the Code of Ethics.”

- 11. Safety rules must be followed at all times. Swimming is prohibited.
- 12. Inappropriate physical contact (i.e. groping, touching, fondling, bumping and grinding), and any other conduct and behavior that is not considered appropriate in front of your mother is prohibited. Likewise, there is zero-tolerance for fighting. Violators will be subject to established consequences.
- 13. Top Teens must follow all local, state and federal laws without question.
- 14. Profane, swearing and any abusive language is prohibited.
- 15. Personal music is permitted for the listener only. It is not for others to hear. Earphones must accompany MP3 Players.
- 16. Photographs cannot be publicly displayed, video-taped, electronically downloaded or otherwise captured without the written consent of the legal guardian of the Top Teen. Teens are prohibited from taking inappropriate photos of other Top Teens with cell phones and downloading them on the computer.

My signature indicates that I have read, understood and will comply with the established Code of Ethics. Failure to do so will result in National, Area & Chapter imposed sanctions, parents being contacted/notified and/or Teen being sent home from conference site or planned activity at their parents’ expense.

Reviewed Code of Ethics with Teen and Parent/Guardian present:

Teen Name	Teen Signature	Date Reviewed
Parent/Guardian Name	Parent/Guardian Signature	Date Reviewed
Reviewed by TLOD President:	Signature	Date Reviewed
Reviewed by Chapter TTA Advisor:	Signature	Date Reviewed



Parent Permission Form

Top Teens of America

This is to certify that my son/daughter, _____
has my permission to attend and participate in the activities for the _____ Chapter of
Top Teens of America for the _____ year.

It is my understanding that these trips/activities, which are taken under the auspices of the Top Ladies of Distinction, Inc. will be supervised by competent members who will travel and work with the group. I hereby release the Top Ladies of Distinction, Inc. and Top Teens of America from liability and waive any and all claims against the organizations, individually and collectively, for injuries which might be incurred on any trip/travel to and from or after reaching the selected destination.

Name of Parent/Guardian

Parent/Guardian Phone Number

Signature of Parent/Guardian

Date

Signature of Chapter TTA Advisor

Date

Signature of TLOD Chapter President

Date



Photograph/Video Release Form

Top Teens of America

Top Teens of America is under the auspices of Top Ladies of Distinction, Inc. Teens are active in National, Area and Local activities. To chronicle activities of the thrusts and projects committees, photos/videos are often taken for documentation. These photos/video may be used by members of Top Teens of America and Top Ladies of Distinction, Inc. in the following manners BUT NOT LIMITED TO:

Scrapbooks	Newsletters
Reports	Displays
Publications	Websites
Electronic transmissions	Videotapes
Televised events	Social Media

Teen _____ has permission to be photographed/videoed while participating in activities in conjunction with the purposes and goals of Top Ladies of Distinction, Inc. and Top Teens of America for the _____ fiscal year. I hereby grant permission to use the aforementioned Teen's image and likeness in any photograph/video and in any and all publications, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize Top Ladies of Distinction, Inc. to edit, alter, copy, exhibit, publish or distribute these photos/videos for purposes of Top Ladies of Distinction Inc.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the aforementioned Teen's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/video. I hereby hold harmless and release and forever discharge Top Ladies of Distinction, Inc. from all claims, demands, and causes of action may have by reason of this authorization.

Signature of Parent/Guardian

Date



Medical Information Form

Top Teens of America

Name _____ Chapter _____ Area _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Current Grade Level _____ Age _____ Birthdate _____

Please list any known allergies (medication, food, etc.) and any other health problems:

Details of any of the above and another important medical information

Current medication being taken: _____

Date of last Tetanus Toxoid Injection _____ Date of last Health Exam _____

Insurance Carrier _____ Policy# _____ Group# _____

Name of Insured (Parent/Guardian) _____

Emergency Information

Father _____ Home Phone _____

Address _____ Cell Phone _____

Mother _____ Home Phone _____

Address _____ Cell Phone _____

Alternate Contact (if parent/guardian not available)

Name _____ Home Phone _____

Relationship _____ Cell Phone _____

Original Must Travel With Top Teens Advisor



Medical Treatment Authorization Form

Top Teens of America

The undersigned parent/legal guardian of the above hereby authorizes TTA Advisor _____ and TLOD President _____ of the _____ Chapter as agents to authorize care for _____ if in the opinion of any licensed physician, surgeon or hospital it is necessary for the treatment of the Teen in an emergency situation. Any physician, surgeon or hospital is authorized to relay upon any authorization for treatment by the undersigned. This will remain valid and full force and effect from _____ to _____

The name of our physician is _____. He/She may be reached at HOME _____ or OFFICE _____

Signature of Parent/Guardian

Date

Original Must Travel With Top Teens Advisor



Hotel Rooming List

Top Teens of America

Area _____ Chapter _____ City _____

Name of person that reserved rooms _____ Contact Number _____

Arrival Date _____ Arrival Time _____ Mode of Travel _____

Bus parking needed? _____ Yes ___ No Number of Buses _____ Bus Arrival Time(s) _____

Please List Top Teens in assigned Hotel Sleeping Room Groups

GROUP 1		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 2		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 3		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 4		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 5		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 6		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 7		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

GROUP 8		Hotel Room #	
1. Teen		Age	
2. Teen		Age	
3. Teen		Age	
4. Teen		Age	

**** There must be one (1) Lady Chaperone for every ten (10) Teens. Chaperones will be housed nearby their Teens.****

Chapter TTA Advisor _____ Contact Number _____ Room Number _____
 TLOD Chapter President _____ Contact Number _____ Room Number _____

CHAPERONES

Lady	Room #	
Lady	Room #	
Lord	Room #	

Lady	Room #	
Lady	Room #	
Lord	Room #	

Copies will be distributed after Hotel Registration is completed.



Authorization for Background and Activities Check for External Volunteers and Chaperones



Top Ladies of Distinction, Inc.

Top Teens of America

Thank you for your interest in our Top Teens Program. Our goal is to meet the requirements of organizations working with minors and young adults. We appreciate your willingness to volunteer.

Top Ladies of Distinction, Inc. requires a background check of all volunteers accompanying Teens on overnight trips by chapters and to Area Conferences and National Conventions. Please complete the information below needed to have a background check executed.

The intent of the authorization is to give your consent for the organization to run a background check and secure a full disclosure of activities which may prevent or modify your participation in the travel activities.

Please read and sign this form in the space provided below. Your written authorization and detail information is necessary to perform the background check for any interaction with or supervision of our Teens.

First Name _____ Last Name _____

Other Names Used _____

Mailing Address _____ City _____ ST _____ Zip _____

Date of Birth _____ State of Residence _____

Contact Number _____ Email _____

I, _____, hereby authorize Top Ladies of Distinction, Inc. to investigate and request a background check for the purposes of interactions with Teens in Top Teens of America, a youth group sponsored by Top Ladies of Distinction, Inc. I understand that Top Ladies of Distinction, Inc. will require my birth date and full name to perform this background check.

Signature _____ Date _____

Chapter TTA Advisor must complete the following:

Area _____ Chapter _____

State of Chapter _____ Check or MO# _____

TTA Advisor's Name _____ Contact # _____

Please send copy to National Financial Secretary with \$25.00.

Send original with signature & copy of photo identification (driver's license or state ID) to:

Top Ladies of Distinction, Inc.
2607 Prospect
Houston, Texas 77004

Please send at least 10 days prior to travel or event. Report will be returned to advisor.



TTA Participation Form

Top Teens of America

This form must be completed by all Teens attending the conference.

Teen's Name _____

Contact Number _____ Email _____

Name of Chapter _____ Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

- I'm a graduating senior
- I'm a TTA chapter president
- I'm a newly inducted Teen (inducted in 2015-2017)
- I'm a 1st time Syn-lod attendee

Please check each activity in which you plan to actively participate.

<input type="checkbox"/>	TTA Newsletter
<input type="checkbox"/>	TTA Campaign
<input type="checkbox"/>	Black History Bowl
<input type="checkbox"/>	Mr. & Miss TTA Presentation Ball
<input type="checkbox"/>	Talent Show
<input type="checkbox"/>	Literacy Café
<input type="checkbox"/>	Chapter Delegate



TTA Graduating Senior Form

Top Teens of America

Teen's Name _____

Contact Number _____ Email _____

Name of Chapter _____ Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

Current Chapter Offices Held _____

Current Area Offices Held _____

Current National Offices Held _____

College Choice _____

Major _____

Teens must be present and appropriately dressed to be recognized.



Dorothy Allen Chimney Black History Bowl Form

Top Teens of America

Name of Chapter _____ Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

All participants in the Black History Bowl must be a registered attendee for Syn-Lod.

List the names of the Teens that will participate (for planning purposes only). Other Teens may participate.

Name of Teens

Name of Teens

_____	_____
_____	_____
_____	_____
_____	_____



Literacy Café Participant Form

Top Teens of America

Teens Name _____

Contact Number _____ Email _____

Name of Chapter _____

Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

Category _____

Performance _____



Talent Show Participant Form

Top Teens of America

Teens Name _____

Contact Number _____ Email _____

Name of Chapter _____

Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

Performance _____



Mr. and Miss Top Teens Presentation Form

Top Teens of America

Mr. Top Teens

Miss Top Teens

Teens Name _____

Contact Number _____ Email _____

Name of Chapter _____ Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

Age _____ Grade _____ School _____

Current Chapter Offices Held _____

Current Area Offices Held _____

Current National Offices Held _____

Life's Goal



TTA Chapter President Presentation Form

Top Teens of America

Teens Name _____

Contact Number _____ Email _____

Name of Chapter _____ Area _____

Name of TTA Advisor _____

Contact Number _____ Email _____

Current Chapter Offices Held _____

Current Area Offices Held _____

Current National Offices Held _____

Greatest's accomplishment
as Chapter President (List
only one)