



Syn-Lod Code of Ethics

Top Teens of America

Chapter _____ Area _____

The following “Code of Ethics” must be adhered to while participating and/or attending any Local, Area or National Top Teens of America event. You are required to read this document in its entirety and acknowledge your understanding of the complete “Code of Ethics” which must be followed at all times.

1. All Top Teens are expected to be present at all TTA meetings and activities. If a Teen is unable to attend, the Chapter Top Teens Advisor (TTA) and Assistant Top Teens Advisor must be notified. Approval of where the Teen will be will be determined by the Chapter Top Teens Advisor or the Chapter Assistant TTA Advisor in the absence of the Chapter TTA Advisor.
2. All Top Teens must strictly adhere to the established curfew at all times. All Top Teens must be settled in their room by 12:00 AM (MANDATORY). All visitations in other rooms ends at 12:00 A.M. (Midnight). The National Top Teens Director with the agreement of the National TLOD President will determine any extensions of this hour, and said extension will be communicated to all Top Teens.
3. Top Teens are not to leave the meeting/convention site and/or hotel 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, grandmother or other relatives) must respect the directives of TTA Advisors when TTA members are under the auspices of TLOD members.
4. Alcoholic beverages, marijuana, illegal stimulants, depressants, or weapons are not permitted at any function or activity of Top Teens of America. Any Top 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.
5. There shall be no co-ed visitations in the hotel sleeping rooms at conferences. THERE ARE ABSOLUTELY NO EXCEPTIONS. Any co-ed visitation will be considered a breach of the Code of Ethics and will be handled accordingly.
6. Top Teens, and especially the TTA Officers, represent TLOD and should therefore be role models and shall conduct themselves in a manner that will be a credit to the organization: demonstrating good manners, dressing in the proper attire, exhibiting high moral and ethical behavior and character and avoiding unnecessary boisterousness.
7. Top Teens may not be a parent, and if a Teen becomes a parent, the Teens membership shall be terminated.
8. Dress for the occasion: Proper attire for a Teen includes: hemlines no more than three (3) inches above the knees at any time. No sagging. No see-through tops or extremely low cut tops. No short shorts where pants can be worn. Mid-calf capris may be worn when pants are used. **No jeans shall be worn unless communicated by TTA Advisor.**
9. Cooperation and self-control are necessary when participating in chapter meetings.
10. No Teen has the right to treat another in any manner that will cause physical or emotional pain. Therefore, harassment or bullying of any kind is considered unacceptable behavior.

11. Coercion or bullying, threats, or physical abuse will be dealt with accordingly.
12. Top Teens shall abide by the national TTA governance, the local chapter rules, TTA Code of Ethics and TTA Bylaws.
13. A Top Teens Review Board shall be appointed to review cases of Teens allegedly or known to have violated the Code of Ethics.
 - a. The National Review Board shall be composed of seven (7) Top Teens consisting of the 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 Area Review Board shall be composed of five (5) Top Teens within the Area, consisting of three (3) TTA Chapter Advisors and the Area TTA Advisor. The Area TTA Advisor shall appoint the five (5) Teens and three (3) TTA Chapter Advisors. The Area TTA President shall preside over the Review Board. Should the original grievance be against the Area TTA President, the Area Officer on the Review Board shall be the Area TTA First Vice President.
 - c. The Chapter Review Board shall be composed of four (4) Top Teens consisting of three (3) members of the Chapter and the Chapter President, the TTA Chapter Advisor and two (2) Top Ladies of Distinction, Inc. from the Chapter TTA Service to Youth Committee. The Chapter TTA President shall preside over the Review Board. Should the original grievance be against the Chapter TTA President, the Chapter Officer on the Review Board shall be the Chapter First Vice President.
 - d. The decision of the Board is final upon consultation with the Chapter TLOD President of the chapter where the Top Teen is considered a member. If the infraction takes place at Area, it will be in consultation with the respective Area Director, if at National, it would be the National TLOD President.

Penalties for infractions shall be any of the following:

- (1.) If the Teen is an officer – removal/suspension from office
- (2.) Recommendation to National for revocation of TTA membership
- (3.) Teen becomes ineligible to compete for awards. Chapter shall forfeit any awards received.
- (4.) Fines may be imposed upon the Teen(s) determined by the chapter per infraction; and/or Community service time (documented by the Chapter TTA Advisor)
- (5.) The use of monies collected from fines shall be designated by the chapter
- (6.) Inability to attend a National, Area or Cluster event

Please refer to TTA Governance, 2015 Edition, National Bylaws, Article III Membership, Sections 4 and 5 for additional clarification.

14. Inappropriate physical contact of any type (i.e. PDA, twerking, groping, touching, fondling, bumping and grinding) and any other conduct and behavior that are not considered appropriate are prohibited.
15. There is zero-tolerance for fighting or other illegal and immoral activities. Violators will be subject to established consequences.

- 16. Top Teens must follow all local, state and federal laws without question.
- 17. All cell phones, smartphones, and other electronic devices (e.g., tablets, iPods) must be turned off during TTA meetings unless approved by the TTA Advisor.
- 18. Profanity and abusive language is prohibited.
- 19. Teens are prohibited from taking inappropriate photos or recordings of other Top Teens with cell phones or other electronic devices and down loading, uploading or sharing them electronically.
- 20. Documentation of service is a required and valuable part of our program, therefore a photo release form must be on file for all Teens.

I have read, understand and will comply with the established Code of Ethics. Failure to do so will result National, Area and Chapter imposed sanctions as previously listed, and my parents being notified.

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
--	--------------------	------------------------



Revised November, 2018



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



Utilize the Points Tracking Tool Excel Spreadsheet Located In Members Only/ Documents/National Programs/Top Teens of America/Conference Forms

Points Tracking Tool

Top Teens of America

	Max	Teen First Name Last Name	Teen First Name Last Name	Teen First Name Last Name	Teen First Name Last Name
Total	365	0	0	0	0
Meetings					
Chapter September	10				
Chapter October	10				
Chapter November	10				
Executive Committee	5				
Area Conference	25				
Syn-Lod	25				
Special Meetings (MOD,UNCF, etc)	10				
Planning /Retreat	10				
Parent (Meeting Attendance)	5				
Workshops (Attendance)	15				
Contest Participation					
Local/Area/National	25				
TTA Governance					
Brought to Meetings	10				
Wearing Chapter T-Shirt	5				
Me and My Mentor					
Contact your mentor	20				
Induction Ceremony Participation	10				
Founder Day Participation	10				
Programs/Projects					
Senior Citizens	10				
Status of Women	10				
Community Beautification	10				
Community Partnerships	10				
UNCF	10				
NAACP	10				
NCNW	10				
Sickle Cell Awareness	10				
March of Dimes	10				
TLOD Literacy Program	10				
Healthy Choices Conference	10				
St. Jude	10				
NIH-Bullying Curriculum	10				
Spelling Bee	10				
Debate Team	10				
Extra					
Special Projects	10				



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.



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)