

Chapter: _____

Advisor: _____

Student: _____

Male ___ Female ___

Consent Form

North Carolina FFA Center

Required for all campers at check-in

(No camper will be allowed to check in
without all three pages completed)

The undersigned, **being a parent and/or legal guardian** of _____ (insert name of student), assumes all risks associated with attending camp at the North Carolina FFA Center, and does hereby release the North Carolina FFA Center and all employees, agents, servants, and representatives thereof from any and all liability for any injury to said minor, resulting from any cause whatsoever occurring at any time while attending camp at the North Carolina FFA Center, including travel to and from camp excepting only injury or damage resulting from willful acts of such employees, agents, servants, and representatives. The North Carolina FFA Center is also released of any expenses resulting from the injury.

This event is a local school function/activity. Students are under the supervision of their agricultural education teacher/FFA advisor or school chaperone while attending activities at the NC FFA Center. Students and parents are expected to be familiar with all school policies and center policies. To protect the safety of all students, the North Carolina FFA Center has no-tolerance policies that could immediately result in students being sent home. These policies include but are not limited to:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering the cabin of the opposite sex

Parents or guardians of students who violate policies will be notified to pick up their child.

During the week, we will be taking pictures of teams and students that will be used in the Week-in-Review slide show and for center promotional material. By signing below you are granting permission for the use of your child's photo in these materials.

I have read and understand the statements and policies outlined in this Consent Form.

Parent/Guardian Signature _____ **Date:** _____

Printed Name _____

ADVISORS: Two (2) signed copies of this entire 3-page form are REQUIRED. One will stay with you, in case of emergency, as you will be the one transporting the student to seek medical care. The other copy will remain on file with the camp director. **MAKE COPIES OF THESE FORMS BEFORE YOU ARRIVE, YOU WILL NOT BE ABLE TO MAKE COPIES AT THE FFA CENTER.**

I, _____ (insert advisor name) have reviewed the Code of Conduct with the above student. I understand that I am responsible for his/her behavior and actions while attending camp at the North Carolina FFA Center.

Teacher/Advisor Signature _____ **Date:** _____

Medical Form
Required for all campers at check-in

1. Student Name _____ FFA Chapter _____
2. Complete Address _____
3. Date of Birth _____
4. Name and Phone Number of Family Physician _____
5. **LIST ALL ALLERGIES:** _____
6. **LIST ALL CURRENT MEDICATIONS:** _____

NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE!

7. Student's Health History: (heart condition, diabetes, asthma, any injuries) _____

If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to camp or you will not be allowed to register!

8. Any restrictions/medical conditions the staff needs to be aware of: _____
9. Year of last immunization/immunity: Tetanus _____
10. In case of an emergency, provide contact information so that you can be notified at all times.
In case of an emergency, contact: _____
Relationship to the student: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
11. Secondary contact if above person cannot be contacted.
Contact: _____
Relationship to the student: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
12. Special needs/dietary restrictions: _____

Please also notify the office of these restrictions in advance.

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified. However, if I cannot be reached by telephone I consent to emergency medical treatment for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian (Please Print) _____

Code of Conduct

Required for all campers at check-in

Student: If you agree with and are willing to comply with all of the expectations of the Code of Conduct and Summer Leadership Program, please sign at the bottom of the page.

Parent/Guardian: Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

As an FFA Member attending Camp:

- I understand that I am attending a leadership camp and will conduct myself in a manner that positively represents my chapter, my school, my organization, and me.
- I understand that this program is a school event, so school policies apply. If there is a discrepancy between school policies and center policies, the strictest rule will apply.
- I will participate in the center program, display a positive attitude, and conduct myself appropriately at all times.
- I will respect all members, advisors, guests, and staff. I will follow instructions from all adults and camp staff.
- I will follow the camp dress code.
- I will not enter a cabin of the opposite sex or be in undesignated areas.
- I will not enter any other cabins or buildings that I am not assigned to.
- I will remain in my assigned cabin after curfew.
- I will not bring highly valuable items to camp. If I do bring valuables, I accept full responsibility for those items.
- I will not use language or behavior that is obscene, violent, racially or sexually inappropriate.
- I will not bring, possess, or use tobacco products, alcohol and/or drugs.
- I will not bring, possess, or use firearms, weapons, pocket knives and/or firecrackers.
- I will not bring skateboards, scooters, or roller blades.
- I will respect center property by keeping the facilities clean, not creating graffiti, and not using items such as water balloons, shaving cream, and toilet paper for destructive purposes. I accept responsibility for damages I cause.

I understand that failure to meet these standards will result in these steps:

1. I will call my parents/guardians and report my conduct was not in compliance with these guidelines.
2. At the Director's discretion, this may result in my parents/guardians arranging transportation home.
3. My school's administration will be notified and may take further disciplinary action.
4. My chapter will be billed for damages that I cause.

I also understand that if I fail to follow no-tolerance policies, including but not limited to use or possession of weapons, use of alcohol or drugs, entering the cabin of the opposite sex, being outside the cabin after curfew, or harassment of another camper or staff, then the following steps may be taken:

1. I will be removed from the facilities.
2. Law enforcement will be contacted.
3. A letter will be sent to my school administrator.
4. I will be suspended from all activities at the NC FFA Center for up to 18 months.

Student Commitment:

I have read and understand the Code of Conduct. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

Name of Student: _____ **FFA Chapter:** _____

Signature of Student: _____ **Date:** _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____