

CAMPER AGREEMENT & MEDICAL INFORMATION

(To be completed by camper and parent/guardian)

Name _____ Address _____

Check: 1st visit to camp _____ 2nd visit to camp _____
3rd visit to camp _____ Other _____

I agree to abide by the rules of the **FFA- Camp**. I am _____ years of age and attend
_____ (School)

Date _____ Signature of camper _____

Birth Date: month/ day/ year _____

MEDICAL INFORMATION

1. Name of family doctor: _____
Address _____ Phone Number _____

2. Has the camper had any serious operations or injuries during the past year? _____

If so, what? _____

3. Has the camper had any serious illnesses during the past year? _____

If so, what? _____

4. Can the camper swim? _____

5. Date of camper's last tetanus anti-toxin injection. _____

6. Check if the camper has had or is subject to the following conditions:

- | | |
|-------------------------------|----------------------------------------|
| a. Asthma _____ | j. Measles _____ |
| b. Bronchitis _____ | k. Mononucleosis _____ |
| c. Convulsions _____ | l. Chronic Ear Infection _____ |
| d. Fainting _____ | m. Diabetes _____ |
| e. Heart Trouble _____ | n. Rheumatic Fever _____ |
| f. Upset Stomach _____ | o. Severe sore throats _____ |
| g. Chronic Appendicitis _____ | p. Positive tuberculin skin test _____ |
| h. Nervous tendencies _____ | q. Other medical conditions: _____ |
| i. Chicken pox _____ | _____ |
| | _____ |

7. Does camper have any known allergies?

Bee Sting _____ (If yes, please bring medication to camp!)

Drugs _____ State name of drug _____

Foods _____ State name of foods _____

8. Has the camper used any medication within the past 10 days or will he/she be bringing any medication to camp?

_____ If so, please explain _____

9. Is there any factor or handicapping condition which will prevent the camper from participating fully in the camp program? _____ If so, what? _____

10. Does the camp have permission to administer Tylenol to the camper, if necessary, while at camp?

Further comments helpful to the Camp Director:

To the best of my knowledge, I believe the above information is correct and agree that _____ may attend the FFA Leadership Camp and may

(Camper's Name)
participate in swimming and other camp activities

** Overnight Campers will attend the Madison County Fair one evening. Notify your student's teacher if you do not want them to attend.

I understand that every effort will be made to contact me if there is a medical emergency. If I cannot be reached, I give permission to the physician(s) selected by the Camp Director to hospitalize and/or secure proper treatment for

(Camper's Name)

Date

PRINT Parent/Guardian Name (1)

Signature of Parent/Guardian

Home Telephone Number

Job Telephone Number

Home Address

City/Town

Zip

Place of Employment

Parent/Guardian Name (2)

Home Telephone Number

Job Telephone Number

Home Address

City/Town

Zip

Health Insurance Information:

Name of Insurance Carrier _____

Address of Carrier _____

Policy # _____ Group # _____ Effective Date _____

Is this policy a "managed care" policy? (i.e. HMO, CIGNA, Met Life ,etc.) ___ YES ___ NO

The FFA Educational and Recreational Center Association provides minimum insurance for each camper and instructor in the case of an **accident** at Camp or on a Camp-sponsored trip. The plan is an "excess plan" and covers only eligible expenses remaining unreimbursed after the parents' own insurance company has made payment.



VIRGINIA FFA STUDENT PERMISSION FORM

EMERGENCY MEDICAL FORM, WAIVER OF LIABILITY, PERSONAL CONDUCT AGREEMENT AND PROMOTIONAL RELEASE

Chapter Name: _____

Advisor Name: _____

Advisor Mobile #: _____

Participant Last Name	Participant First Name	Age	Chapter
Parent or Guardian Name	Home Phone Number	Work Phone Number	
Insurance Company	Insurance Company Address		
Policy Number	Allergies (if any)		
Current Medications	Any medical conditions or disabilities of which VIRGINIA FFA should be aware of? Please Explain.		

Emergency Contact Name	Emergency Contact Phone Number	Relationship
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WAIVER OF LIABILITY

In exchange for my being allowed to participate in the specified program (the "Program"), a program administered by the Virginia FFA Association ("Virginia FFA"), I, and if I am not yet 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

- Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
- Identification of Risks.** I understand that Virginia FFA and its representatives may not be present during my participation in the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, or with the time I am involved in the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of Virginia FFA or its directors, officers, employees, agents, volunteers, successors, or assigns, including but not limited to risks created by the following: (a) the use and condition of various modes of transportation, premises, facilities, and equipment; (b) the lack or inadequacy of policies, rules, or regulations of the Program; (c) the failure of Virginia FFA to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with Virginia FFA; (d) the inadequacy or unavailability of medical facilities or treatment; or (e) the lack or inadequacy of supervision.
- Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.
- Release and Waiver.** I release Virginia FFA and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of Virginia FFA or any of the individuals mentioned above.
- Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Virginia FFA and its directors, officers, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, damages, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Virginia FFA or any of the individuals mentioned above.
- Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Virginia FFA and its successors and assigns.
- Consent to Medical Treatment.** I authorize Virginia FFA to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon Virginia FFA to provide such assistance, transportation, or services.
- Severability.** If any term or provision of this instrument or the application thereof to any person or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.
- Applicable Law.** Because Virginia FFA and the Program are headquartered in the State of Virginia, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Virginia.

School/county employees will be notified.

In exchange for my being allowed to participate in an event or activity sponsored by Virginia FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

- Attend all sessions, meetings and activities as directed by my advisor.
- Conduct myself in a manner that will be a credit to FFA, my school, family, and myself.
- Not be in the hotel/sleeping room of a member of the opposite sex.
- Abide by the National FFA Code of Ethics as printed in the Official FFA Manual.
- Wear official FFA dress as listed in the Official FFA Manual.
- Keep my advisor informed of my activities and whereabouts at all times.
- Not possess any alcohol, tobacco or other illegal substances.
- Wear my identification badge at all times.
- Abide by the curfew set by the FFA Association.

PROMOTIONAL RELEASE

I grant the Virginia FFA Association and the Virginia FFA Foundation, Inc. (FFA) permission to photograph and/or videotape me for possible appearance and inclusion in any of the FFA publications, promotional materials, on-air broadcasts or website or used in any other way that is deemed appropriate by FFA for education or for promotion of the FFA.

I release Virginia FFA of any liability, claims, demands, damages, actions and causes of actions arising from or connected in any way with the use of the photographs and/or videotapes.

I understand that I will receive no compensation for participation and that all photography and videotape resulting from participation will become the sole property of Virginia FFA.

In exchange for my being allowed to participate in an event or activity sponsored by Virginia FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular), I verify that I fully understand, agree to and accept all provisions and obligations set forth in this Promotional Release.

Participant Signature _____ Date _____

Parent or Legal Guardian Printed Name _____

Parent or Legal Guardian Signature _____ Date _____

ADVISOR AND PRINCIPAL CERTIFICATION

I hereby certify that the applicant has shown outstanding ability as evidenced by his/her leadership and cooperation in student, chapter, and community development. Therefore, without reservation, I approve his/her attendance at the specified Virginia FFA event.

Advisor Printed Name _____

Advisor Signature _____ Date _____

School Administrator Printed Name _____

School Administrator Signature _____ Date _____

PERSONAL CONDUCT AGREEMENT

While participating in the Program, attendees represent FFA, their schools, and communities. FFA has established behavioral expectations that must be observed by all participants. All students attending must be properly chaperoned. The Virginia FFA Association does not assume supervisory responsibility of any students. Supervision is the sole responsibility of the local school district and its appointed representatives. Virginia FFA requires that an appointed school district representative attend the Program with their students.

FFA reserves the right to immediately terminate Program attendance of any member found to have violated these behavioral expectations. They will be required to leave the property and will be responsible for all expenses associated with termination. Registration fees will not be reimbursed.