

HEALTH STATEMENT FOR FFA EVENTS

To be completed and signed by parents/guardians of all FFA LEADERSHIP EVENT participants 18 years of age and under.

Name _____ Birth Date _____

Sex _____ Age _____ Chapter _____

Parent's Name _____ Phone (day) _____ -

Parent's Address _____ Phone (evening) _____

Second Parent's Name _____ Phone (day) _____

Parent's Address _____ Phone (evening) _____

Health History

(Attach a separate sheet if necessary.)

Recommendations and Restrictions while at FFA Event (Reporting such conditions will not prevent a person from attending event and will be kept confidential by staff): _____

Medications and dosing schedule the student will be bringing: _____

Over the counter medications NOT to be taken: _____

Dietary Restrictions: _____

Allergies: _____

Any time health care outside the community is needed, parents/guardians will be notified. If you wish to be notified in any other circumstances, please list: _____

My child (Name) _____ has my permission to attend organized events thru the FFA: Yes ___ No ___

*Activities my child **does NOT** have my permission to participate in _____*

I understand that at FFA activities, participants will be closely supervised and that if a serious illness or injury develops medical and/or hospital care will be given. However, the staff and organization will not be held responsible in case of accidental injury or illness.

I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician. Insurance/payment of medical service received is the responsibility of the individual attending the FFA activity, their parent or guardian.

I hereby give permission to the medical personnel selected by the FFA director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the FFA Director to secure and administer treatment, including hospitalization, for my child as named above. **I also give permission for my child's photo to be used for publicity purposes.**

Signature of Parent _____ Date: _____

RULES OF CONDUCT

To be completed by retreaters and their parent/guardian. I understand that when I accept the opportunity to participate in FFA Leadership Conference I also accept the code of conduct and rules of behavior established for Leadership Conference in general this would include:

1. Participating fully in the program as planned, being on time, attending scheduled sessions, observing set hours, discussing unusual needs with person in charge, etc.
2. Behaving in a manner appropriate for the occasion. Refraining from abusive and profane language, avoiding boisterous conduct, showing respect for others' right and property.
3. Abstaining from possession or use of alcohol or illegal drugs. All incidents involving alcohol or controlled substances will be prosecuted by University Police/local authorities.
4. Becoming familiar with the purpose and program of the specific activity so I may gain the maximum from the experience.
5. Understanding I will not be allowed to leave for an outside event or activity and then return to the retreat unless riding with my parents or advisors due to liability issues.

I understand that conduct or behavior not in keeping with the standards expected of me may result in action that will cause me to lose rights and privileges at the event, be sent home at my own expense prior to the conclusion of the activity, and/or forfeit the right to future participation in Leadership Conference.

FFA Member Signature _____ Date _____

Parent or Guardian signature _____ Date _____

Chapter _____

-Conduct Code-

FFA members found to be in violation of any of the following infractions at a state or national FFA activity, will forfeit their right to participate in any additional FFA activities at the district, state or national level for a period of (6) months.

- a) Use of alcohol or other chemical substance.
- b) Use of any tobacco product
- c) Behavior resulting or potentially resulting in personal injury to others, property damage, or criminal prosecution.

The State FFA Executive Secretary or State FFA Advisor has the sole authority to impose the suspension. Members may appeal suspensions to the FFA Executive Committee, at the next regularly scheduled meeting, but remained suspended while under appeal.

Photo Consent Form

I hereby irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by the South Dakota FFA Association as well as the West Central FFA or anyone authorized by those entities, of any and all photographs/video taken of me with or without names, as the case may be, for any editorial purpose, promotion, advertising, trade, or other purpose whatever.

I understand that the photographs or videos may be used initially in any or all publications in the promotion of the South Dakota FFA Association and/or the West Central FFA. I realize that this coverage may place my picture with or without further explanation, alone or accompanied by other pictures, in a story, on Web sites/blogs, or on a cover of any or all publicity of the South Dakota FFA Association and/or the West Central FFA Chapter. I hereby release the South Dakota FFA Association and the West Central FFA Chapter, its staff and employees, or anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

Further, I so hereby relinquish to the SD FFA and/ or the West Central FFA all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the SD FFA and/or the West Central FFA the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and stated conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against the SD FFA /West Central FFA office and the employees thereof, arising from a performance or appearance.

I understand this authorization if for an entire year starting August 21, 2013 thru August 31, 2014.

Date _____

Print Parent/Gardians's Name _____

Parent/Guardian's Signature _____

Print Child's/Children's Names _____

Child's/Children's Signature _____

As West Central FFA chapter advisor I _____ (signature) Authorize the above information to be true.