

## **Area 7 Leadership Camp 2016**

**NEW PLACE!! NEW DATES!! MORE CAMPERS!! SAME PRICE!!**

**The price per camper is \$125.**

**All applications and money are due to the area camp table at Area Convention before 10 am. This includes all district officers!!**

**Please make note that each application also includes Parent/Guardian Medical Liability & Photography Release Form from Eagle's Wing Retreat Center on top of what is in our Area VII FFA Camp Application!**

**Students will still receive a binder, t-shirt and all meals paid for.**

**There are still no cell phones allowed.**

**We can normally only accept 2 boys and 2 girls per chapter. Please do not try to send more than 2 girls unless they are a district or area officer.**

**Sincerely,**

**Jessica Burrow**

Chapter:\_\_\_\_\_District:\_\_\_\_\_Rank\_\_\_\_\_

**Area VII Leadership Camp Application 2016**  
**(Eagle's Wing Retreat Center, Burnet, TX---June 15<sup>th</sup> through 17<sup>th</sup>)**

Student Name:\_\_\_\_\_

Degree Held in FFA:\_\_\_\_\_Grade (2016-2017)\_\_\_\_\_Gender:\_\_\_\_\_T-Shirt Size:\_\_\_\_\_

Parent(s) or Guardian(s) Name(s)\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_Zip:\_\_\_\_\_

Student email address: \_\_\_\_\_

Have you ever attended Area VII Camp Before?\_\_\_\_\_Yes \_\_\_\_\_No

**Emergency Information:**

Do you have any allergies or medical conditions we should be aware of?\_\_\_\_\_

Do you take any medications we should be aware of?\_\_\_\_\_

Please provide your insurance company name and policy number.

Company:\_\_\_\_\_Policy Number:\_\_\_\_\_

(Copies of the insurance card would be appreciated.)

**In case of an emergency, contact this person first:**

Name:\_\_\_\_\_Relationship to student:\_\_\_\_\_

Home Phone:\_\_\_\_\_Work Phone:\_\_\_\_\_Other:\_\_\_\_\_

**If the above person is not available, contact:**

Name:\_\_\_\_\_Relationship to student:\_\_\_\_\_

Home Phone:\_\_\_\_\_Work Phone:\_\_\_\_\_Other:\_\_\_\_\_

**In case of an emergency, I give permission for camp staff, and advisors to seek medical attention for my child in the event that it becomes necessary.**

Student Signature\_\_\_\_\_Date:\_\_\_\_\_

Parent Signature\_\_\_\_\_Date:\_\_\_\_\_

As principal of \_\_\_\_\_, I certify that \_\_\_\_\_ has a satisfactory behavior record at our school, and is a good candidate for the Area VII FFA Leadership Camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO BE FILLED IN BY CHAPTER ADVISORS:

Please note any special concerns regarding this application, which would influence the coordinator's decision on admitting this student to camp.

---

---

---

---

---

---

---

Complete the following by placing a check mark in the box to the left of items that apply to this applicant:

- ☐ Area Officer, representing the \_\_\_\_\_ District
- ☐ District President, from the \_\_\_\_\_ District
- ☐ District Officer, from the \_\_\_\_\_ District
- ☐ Chapter President
- ☐ Chapter Officer
- ☐ Chapter Award Winner (ex. Star Greenhand, etc.) List Award: \_\_\_\_\_

\*\*\*\*Remember to rank your applications on the top right corner of the first page!

**Eagle's Wings Retreat Center**  
**2805 Ranch Rd., Burnet, Tx. 78611**  
**Parent/Guardian Medical Liability & Photography Release Form**

Dear Parent or Guardian,

We are happy that your son/daughter will be participating in the activities at Eagle's Wings Retreat Center (EWRC). For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out and sign this form and this will act as a Medical and Liability Release. Please note that your signature is required in two (2) places. Please be sure all information is correct.

**Participant Information**

Name \_\_\_\_\_ BirthDate \_\_\_\_\_  
Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Address(if different than child) \_\_\_\_\_  
Father's Address(if different than child) \_\_\_\_\_  
Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_  
(if different than child)(if different than child)  
Email address of one parent \_\_\_\_\_

**Parent/Guardian Permission**

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the activities at EWRC. I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice. I relieve EWRC, its staff, Board members and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will not hold Eagle's Wings Retreat Center, Inc., its personnel, or volunteers liable in the event of injury. Further, I agree to accept financial responsibility as a result of scheduling medical treatment.

I also authorize Eagle's Wings Retreat Center the right to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

My child agrees to abide by all rules and regulations stated by EWRC, staff and volunteers. I understand that EWRC will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from this facility at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participants Signature \_\_\_\_\_

**Medical and Emergency Information**

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_  
Medical Condition we should be aware of \_\_\_\_\_  
In case of emergency, please contact (If different from above)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**CHAPTER ADVISOR SHEET  
EMERGENCY CONTACT INFORMATION**

**CHAPTER NAME:** \_\_\_\_\_

**Complete the following chart. In the rank column, rank the ag teachers in order of contact.**

<b>RANK</b>	<b>NAME</b>	<b>SCHOOL PHONE</b>	<b>CELL PHONE</b>	<b>HOME PHONE</b>	<b>OTHER PHONE</b>

**IF ANY AG TEACHERS VOLUNTEER TO BE CAMP ADVISORS, COMPLETE THE FOLLOWING INFORMATION:**

**NAME:**

**GENDER:**

**T-SHIRT SIZE:**

\_\_\_\_\_

\_\_\_\_\_

**Eagle's Wings Retreat Center  
2805 Ranch Rd.; Burnet, Tx. 78611  
Adult Liability& Photography Release Form**

Dear Participant,

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

**Participant Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Cty/St/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

**Consent**

I consent to my participation in the activities at Eagle's Wings Retreat Center. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise in the event of an injury. Further, I agree to accept financial responsibility as a result of medical treatment. I agree to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc. staff and volunteers. Eagle's Wings Retreat Center will not be liable if I fail to cooperate with regulations, and that my infraction of the rules may result in immediate dismissal from this facility at my expense.

I also authorize Eagle's Wings Retreat Center the right to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical and Emergency Information**

Family Physician \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address/City \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Medical Conditions we should be aware of \_\_\_\_\_

In case of emergency, please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_