

FFA District (circle one): **Alamo** **Bluebonnet** **Guadalupe** **Hill** **Revaldina** **River**

Chapter Name: _____

School Mailing Address: _____

Area VII FFA Leadership Camp Application

June 18-20, 2024

Schreiner University
2100 Memorial Boulevard
Kerrville, Texas 78028

Student Name: _____

Grade (2024-2025): _____ Date of Birth: _____ Degree Held in FFA: _____

Gender: Male Female

Shirt Size (circle one): Small Medium Large XL XXL XXXL

Cell Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Contact Number(s): _____

Address: _____ City: _____ Zip: _____

Have you ever attended Area VII Camp Before? Yes No

School Recommendation

As principal of _____ (school name), I certify that

_____ (student name) has an excellent behavior record at our school
and is a good candidate for the Area VII FFA Leadership Camp.

Principal Printed Name

Principal Signature

Date

Area VII FFA Association Leadership Camp

Parent/Guardian Medical Liability & Audiovisual Release Form

Dear Parent or Guardian:

We are happy your son/daughter will participate in activities at the Area VII FFA Association's Leadership Camp on the Schreiner University campus. For our records and for any possible emergencies that might arise while at the Area Leadership Camp (ALC), we ask you to fill out and sign this Medical Liability and AV Release. Please be sure all information is correct.

Participant Information

Name: _____ Birth Date: _____
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 consent to my son/daughter _____ participating in activities at EWRC. If required, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice, and relieve Area VII FFA Association and Schreiner University, its staff, Board and volunteers of all responsibility and consequence that may result. I will not hold Area VII FFA Association or Schreiner University, its personnel or volunteers, liable in the event of injury. I agree to accept all financial responsibility for required medical treatment.

I authorize Area VII FFA Association to reasonably use contact information and capture images, voice, and likenesses, and retain and use said recordings in any medium/format for any purpose, including, without limitation, promotional and advertising uses, in perpetuity.

My child agrees to abide by all rules and regulations stated by Area VII FFA Association, Schreiner University, staff, and volunteers. I understand that Area VII FFA Association and Schreiner University 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 the Area VII FFA Association's ALC at my expense.

Parent's Signature : _____ Date : _____

Participant's Signature : _____ Date : _____

Medical and Emergency Information

Primary 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: _____