

**District: Alamo Bluebonnet Guadalupe Hill Revaldina River**

**Chapter Name:**

**School Mailing Address:**

**Area VII Leadership Camp Application**

June 14-16, 2022

Eagle's Wings Retreat Center

2805 Ranch Road, Burnet, Texas 78611

Student Name: \_\_\_\_\_ Grade (2021-2022): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Degree Held in FFA: \_\_\_\_\_

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

Parent/Guardian Contact Number(s) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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.

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Principal Name

Principal Signature

Date

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**EWRC Participant Medical Liability & Photography Release Form**

**Participant Information**

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.

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

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

Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Parent/Guardian Address (if different than child):

\_\_\_\_\_  
Parent/Guardian Email Address: \_\_\_\_\_

**Medical & Emergency Information**

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

Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Allergies (including food/dietary restrictions): \_\_\_\_\_

Current medications: \_\_\_\_\_

Medical conditions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency, please call:**

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

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent/Guardian Permission, Medical Liability Release, & Photography Release**

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.

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.

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Opt-out: Please exclude my contact information from any solicitation (if left unchecked we assume you are ok with us contacting you from time to time via email or newsletters)