



# Eagleville FFA

## Agriculture Education

500 Hwy 99, Eagleville, TN 37060  
(P) 615-904-6710 (F) 615-274-6859

We would like to inform you of an excellent opportunity available as your child has been selected to represent Eagleville at FFA Leadership Camp. We will be attending camp **June 6<sup>th</sup>-10<sup>th</sup>, 2016** at Camp Clements Leadership Training Facility in Doyle, Tennessee.

More than 2000 students from across the state attend leadership camp during one of the six weeks it is offered throughout the summer. Students will attend leadership sessions in the morning that focus on various leadership skills. After lunch, students are free to compete in the various sporting events, low ropes course, fishing, canoeing, swimming, rifle range, computer activities, or catch up on their favorite book. Every night there are Leadership sessions and awards programs that have various contests, talent shows and a vespers program that make camp an excellent experience.

Camp registration fees will provide your child with transportation, lodging, an Eagleville FFA t-shirt, all camp activities, and three meals a day. In case you are wondering about the facilities, Camp Clements is operated by the state of Tennessee and is a state of the art campground facility. The camp consists of air conditioned cabins, indoor gymnasium, billiards hall, administration building with auditorium and 12 classrooms, computer lab, low ropes course, outdoor amphitheater, cafeteria, Olympic size swimming pool, softball fields and a rifle range. More information about Camp Clements can be found at [www.tnffa.org](http://www.tnffa.org) and choosing the "Association" link at the top of the page. Scroll down to the link "Camp Clements" and you will find information about the location, facilities, and schedule at camp.

The cost of camp will be **\$145.00 per person if your child has attended previously or \$160 for first time attendees**. Additional cost for all first time campers is to purchase their Eagleville FFA Blanket for their cabin bed. We will depart for camp at 11 am on June 6<sup>th</sup> and return at 1 pm on June 10<sup>th</sup>. If you wish for your child to attend, please send your payment. **MONEY IS DUE APRIL 14, 2016 TO RESERVE YOUR SPOT. NO SPACES WILL BE AVAILABLE BEYOND THIS DATE.** Please contact us at 615-904-6710 if you have any questions. Again, this is an exceptional opportunity for your child to attend leadership camp and we look forward to a great week.

*Premier Leadership ~ Personal Growth ~ Career Success*



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## Leadership Camp Required Document Information

All campers must complete the "Eagleville FFA Leadership Camp Permission Form", "Rutherford County Schools Travel Permission and Emergency Medical Release Form", and return the "Student Code of Conduct" form.

Any campers **who did not attend State Convention** must also return the "Tennessee FFA Personal Liability/Medical Release/Publicity Form" to attend camp.

### Eagleville FFA Leadership Camp Permission Form

\_\_\_\_\_ has my permission to attend FFA Leadership Camp at Camp Clements Leadership Training Facility in Doyle, Tennessee, from June 6-10, 2016.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact Number

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**Rutherford County Schools Travel Permission and  
Emergency Medical Release Form**

Name of Student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City,  
 State, Zip: \_\_\_\_\_ Home  
 Phone: \_\_\_\_\_

Father's Name and Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mother's Name and Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

If neither parent can be reached, call: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Are there medical problems, allergies or other information the teacher should know about in order to make the trip safer and better for your child? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_ Medications in use: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_ My child may \_\_\_\_\_ may not \_\_\_\_\_ take Tylenol.

Health Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

\_\_\_\_\_ has my permission to travel with the **Eagleville FFA** during the **June 2016-June 2017 school year**. In case of need, I grant my permission for my child to be treated by a health care professional in my absence.

\_\_\_\_\_  
 (Parent's Signature) (Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared \_\_\_\_\_, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand and official seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 COMMISSION EXPIRES NOTARY PUBLIC

# Student Code of Conduct

**Student:** Please read the following Code of conduct. If you agree and are willing to comply with all of the expectations of the Code of Conduct and summer Camp Program, please sign at the bottom of the page.

**Parent/Guardian:** Please read the following Code of Conduct. Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

**As a Member of a chapter attending Camp Clements, I agree that:**

- I will participate in all aspects of the camp program and to follow the daily camp schedule.
  - I will conduct myself appropriately at all assemblies and activities.
  - I will be challenged to have fun and participate in Leadership activities.
  - I will display sportsmanship in competitive events.
  - I am representing my chapter and my school, and I will conduct myself accordingly.
  - I will show respect towards other campers, advisors, and staff.
  - I will follow instructions from ANY advisor, adult supervisor, or camp staff.
  - I will only use the recreation areas at the scheduled times. I will follow the policies given at that area.
  - I will assume camp personal responsible for any equipment I use and I will pay for any loss or breakage.
  - I will respect the camp property.
  - I will not bring or use any form of tobacco, alcoholic beverages, illegal drugs, or fireworks while at camp.
  - I will wear appropriate clothing (covering the body for the shoulders to mid-thigh) at all times. I will not wear inappropriate advertising on clothing, including illegal drugs, alcohol, tobacco, sex, or violence.
  - I will wear an appropriate one piece swim suit suitable for leadership camp.
  - I will not enter any cabin(s) that are housing members of the opposite sex.
  - I will be in my assigned cabin after curfew.
  - I will not participate in any act of violence. I understand that acts of violence will not be tolerated and that firearms and weapons, including knives, are prohibited at leadership camp.
  - Any use of inappropriate language, conduct, or harassment is prohibited at leadership camp.
- **Failure to meet with these standards will result in these steps:**
1. **My advisor will be notified of your inappropriate conduct.**
  2. **I may be asked to call my parents/guardians and report my conduct not in compliance with these guidelines.**
  3. **At the Advisor's and/or Director's discretion, this may result in parents/guardians arranging transportation home.**
  4. **Inappropriate conduct will result in forfeiting any leadership points or awards.**

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**Student Commitment:**

I, \_\_\_\_\_ have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

**Name of Student:** \_\_\_\_\_ **Chapter:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**NOTE: This form MUST BE TURNED IN during registration to the Camp Director.**

**Tennessee FFA**

**PERSONAL LIABILITY / MEDICAL RELEASE / PUBLICITY RELEASE FORM**

**Participant Information**

Participant Name (first, last)		Parent/Guardian Name	
Participant's Home Address		Parent/Guardian Emergency Phone Number (required) (      )	
City, State, Zip Code		Alternate Emergency Phone Number (required) (      )	
Home Telephone (      )	Participant Cell Phone (      )	Local Chapter/School Name (required)	
Age (if 18 and under)	Date of Birth (mm/dd/yyyy) /      /	Check One <input type="radio"/> Male <input type="radio"/> Female	Location of School (city)
Advisor Name (required)	Advisor Cell (required) (      )	Participant Email Address (required)	

**Code of Conduct**

Please review the **Code of Conduct** below. It is a privilege to attend An **FFA** conference or event and it is the responsibility of all participants to conduct themselves in a proper manner at all times. The guidelines in this Code of Conduct are the minimum behavior standards and individual schools' administration and/or chapter advisors may have additional policies and rules for their students to follow. Should that occur, the participant must meet both the school Code of Conduct and this state Code of Conduct.

1. All participants are expected to attend all applicable sessions of the conference/event.
2. All participants are expected to wear registration button at all times throughout the state convention.
3. All students will abide by the **FFA** Dress Code for the specific conference/event as indicated in the Tennessee FFA Career Development Event Handbook . Students will not be permitted to participate in a competitive event or receive an award or recognition on stage at any conferences if found to be out of indicated dress code. Students are to be fully clothed at all times outside of sleeping quarters, including movement between hotel rooms and to/from swimming/spa areas. Pajamas are not allowed outside of hotel rooms.
4. Students will not consume or have in possession any alcoholic beverages, prescription medications not prescribed to the student, tobacco or smoke products, including electronic cigarettes and paraphernalia of any kind. Follow your school/district policy for handling of prescription medications and list these on the medical section of this form.
5. Any type of weapons and toy replicas of weapons are prohibited, including water guns, paintball guns, and other items that are intended to cause harm, damage, or disruption of a business-like atmosphere. Gambling is also prohibited.
6. All participants will behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or **FFA**. Conduct unrelated to an educational conference or business environment will not be tolerated. Examples include but are not limited to the following: disrupting a session or event; interaction with non-conference individuals; or any activities that may endanger self or others.
7. All students will be in their own rooms by the established curfew for the event. Students must have the permission of the advisor to visit the room of students of the opposite gender. It is the advisor's responsibility to ensure compliance with these issues.
8. Students will keep their advisor informed of their activities and whereabouts at all times. Accidents, injuries or illnesses must be reported to the State staff or delegated representative for the event.
9. Students will not use portable stereos or other loud music- or noise-making devices outside of their rooms. If used in their rooms, volume should be low as to not disturb nearby guests.
10. Conference participants are guests of the hotel, convention center, or other venue for the conference/event and must not deface or destroy the property. All types of roughhousing including throwing items out of the windows will not be tolerated. All trash including pizza boxes, bottles, cans, etc. must be placed in the proper receptacles and not left in the hallways or meeting rooms. Any repairs or replacement costs due to damage or loss that occurs due to their stay will be the responsibility of the individual (s) and/or parent(s) or guardian.
11. The local advisor is responsible for the supervision of their students' conduct. Any participant who disregards this Code of Conduct will be subject to disciplinary action. All rule infractions requiring disciplinary action will result in the participant being sent home at the expense of the participant and/or parent(s) or guardian.

**I have read, understand, and agree to abide by this Code of Conduct.**

## Medical Information

Is Participant Covered by Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No		Name of Person Responsible for Participant's Medical Bills
Insurance Company	Name of Insured	Relationship to Student of Responsible Party <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other _____
Insured's HOME Phone No. (      )	Insured's CELL Phone No. (      )	Participant Medical History (check all that apply) <input type="radio"/> Yes <input type="radio"/> No   Allergies? (list) _____ <input type="radio"/> Yes <input type="radio"/> No   Diabetes? <input type="radio"/> Yes <input type="radio"/> No   Epilepsy? <input type="radio"/> Yes <input type="radio"/> No   Heart /Lung Problems? <input type="radio"/> Yes <input type="radio"/> No   Other; if yes, please explain: _____
Insured's Plan Number	Insured's Group Number	
Name of Physician	Physician's Phone Number (      )	
Does participant have a disability that meets criteria specified by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No   (We will contact you if necessary.)		
		Medications: (list) _____

**Liability / Medical Release:** I certify that the information above is accurate and complete to the best of my knowledge. I hereby agree to release the Tennessee Department of Education and the National and State Association of FFA and their representatives, agents, and employees from liability for any injury to said minor child/adult participant resulting from any cause whatsoever occurring to said child/adult, at any time, while attending any of the organization's regional/district/state meetings and events, including travel to and from.

**Parent / Guardian / Responsible Party:** Please check one of the following, sign and date that you are aware.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. I understand that you will notify me and/or any person(s) listed above as soon as possible.
- I DO NOT give permission for medical treatment until I have been contacted.
- I am aware that it is my responsibility to submit updated medical information to the chapter advisor if needed prior to each event occurring during the 2015-16 school year.

**Note to Parent / Guardian:** If applicable, please send a copy of your insurance card with your child.

## Publicity and Website Permission

The State of Tennessee, Department of Education (TDOE) website and the Tennessee FFA website are two of the primary modes of communication for our students, instructors and others. We understand the global nature of the Internet and concerns for protection and privacy; accordingly, we ask your permission to use images of your child within the TDOE and/or Career and Technical Student Organization publications and/or website should we desire. Images of students, instructors, Department of Education employees, parents, and others used in publications and on our website may be included when they are involved in projects, when they are in groups (classrooms, conferences, activities, contests, or chapters), or when their student group receives recognition at the local, district, regional, state, or national level. The website will not include last names, but will use a student's first name only for that student's protection; however, publications may use the student's entire name.

**Permission to Use Student's Image:** Please check the box indicating that you are granting this permission.

Do not check the box if your intent is to **WITHHOLD** permission.

- I hereby grant permission to use my child's image, name, and/or selected school materials (projects, papers, art work) in publications and on the Department of Education web site.

<b>STUDENT SIGNATURE:</b>	<b>Print Name (first, last)</b>	<b>Date Signed (mm/dd/yyyy)</b> / /
<b>PARENT / GUARDIAN / RESPONSIBLE PARTY SIGNATURE:</b>	<b>Print Name (first, last)</b>	<b>Date Signed (mm/dd/yyyy)</b> / /

**NOTE:** Participants under the age of 18 must be signed by a parent or legal guardian.)

<b>ADVISOR SIGNATURE:</b>	<b>Print Name (first, last)</b>	<b>Date Signed (mm/dd/yyyy)</b> / /
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