COOPERATIVE YOUTH LEADERSHIP CAMP

June 18-22, 2012

REGISTRATION and PROGRAM AGREEMENT

Camp staff must have this form for each participant in order for the student to be registered for camp.
Please return this form promptly. Parent / Guardian WILL be contacted in case of any problems with conduct.
PLEASE PRINT LEGIBLY.

Student Full Name_____Preferred Name_____Male__Female___
Mailing Address_____
City_____State_____Zip_____
Home Phone_____ Cell Phone_____
Date of Birth_____Age at Camp_____Camper Email_____
Parent Email _____School_____Grade in Fall 2012_____
Year will Graduate_____Sponsor_____

The Council provides bus transportation to camp. Will you be riding the bus? Yes _____ No_____
If you do not need transportation, will you be driving yourself to camp? Yes _____ No_____

Consent and Release:

I grant the Cooperative Council of NC the right to use and / or distribute photographs, films and videotapes of my child for promotional use. I understand that pictures from the Cooperative Leadership Camp are used to promote its Youth Programs via newspaper, website, brochures and newsletter. I give my consent to the Cooperative Council of NC to use such items for promotional purposes only, including press releases to local newspapers on awards my child may receive at camp.

Parent / Guardian Signature_____Date_____
Camper Signature _____Date_____

Custody Release:

The following is for your child's safety. Please understand that all campers must checkout with a Counselor before departing camp. You may be asked to produce a photo ID at check-out if you are picking up your child. If camper is riding the bus, please list name of person picking them up at the bus stop.

I give permission for my child (name)_____to be allowed to leave Co-op Camp and the FFA Center at the conclusion of the camp program into the custody of (name)_____.
If it is necessary for my child to leave before the end of the camp program due to illness, injury or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of (adult name)_____ who can be reached at (phone)_____.

Parent Signature _____Date_____

Code of Conduct:

It is understood that the student will exhibit good conduct at all times and will abide by camp rules, which will be given to campers before arrival and at camp orientation. Major infractions of rules will constitute cause to notify parent / guardian and possible dismissal from camp.

Parent / Guardian Signature_____Date_____
Camper Signature _____Date_____

Please complete registration and send to: Cooperative Council of NC, POB 10426, Raleigh, NC 27605; Fax: 919.828.9322

COOPERATIVE YOUTH LEADERSHIP CAMP

June 18-22, 2012

HEALTH and MEDICAL RELEASE FORM

Camp staff must have this medical permission form for each participant in order for the student to be registered for camp.
Please return this form promptly. Parent / Guardian WILL be called in case of an injury or medical emergency.

PLEASE PRINT LEGIBLY.

Student Full Name_____Preferred Name_____Male___Female__
Mailing Address_____
City_____State_____Zip_____
Home Phone_____ Cell Phone_____
Date of Birth_____ Age at Camp_____
Parent / Guardian 1 Name_____Work Phone_____
Parent / Guardian 2 Name_____Work Phone_____
Other Emergency Contacts:
Name_____Phone_____
Name_____Phone_____
Name_____Phone_____
Student's Physician_____Phone_____
Student's Insurance Company_____Policy #_____

Please list any physical conditions or medical requirements that should be considered in rendering medical treatment._____
_____

Please list any allergies (medicine, food, nature, etc.)_____
_____

Please list any medications that the student takes regularly and will have at camp:_____
_____

- Applicant is free from communicable disease and has not been exposed to such disease within a reasonable time period before attending the conference.
- It is understood that should the student require medical treatment while at camp, the Director is authorized to secure such treatment as she deems necessary.
- Medical expenses or accident claims over and above claims paid by insurance of the applicant of parent / guardian, have the following limits: Principal Sum = $15,000; Injury = $10,000; Sick = $2,500.

I, the undersigned, do hereby give permission for my son / daughter to be taken to a physician or medical facility, recommended by the Cooperative Council of NC, should he / she require medical attention during the Cooperative Leadership Camp held June 18-22, 2012 at the NC FFA Center at White Lake, North Carolina. I further give permission to competent medical personnel to administer such medical treatment and / or hospital care as needed including medications, injections, anesthesia, surgery and other proper treatments for my child as named above and that necessary information be released for insurance purposes.

Signed by Parent or Guardian_____Date_____
Full Address_____
All Phone Numbers_____

Please return to: Cooperative Council of NC, PO Box 10426, Raleigh, NC 27605; Fax: 919.828.9322

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June 18-22, 2012

PERSONAL DATA SHEET

Camp staff must have this form for each participant in order for the student to be registered for camp.

PLEASE PRINT LEGIBLY.

Student Full Name_____Preferred Name_____Male__Female__

School_____Grade in Fall of 2012_____

County_____Year you will graduate from High School_____

Name of Local Newspaper_____Camper Email_____

School and Community Activities: (clubs, offices held, sports, church, service activities, etc.)

_____

_____

_____

_____

_____

Honors and Special Achievements:

_____

_____

_____

_____

_____

Hobbies, Talents and Interests:

_____

_____

_____

_____

Do you currently work? ___Yes ___No. If yes, where and what position?_____

_____

Educational and Career Plans for the Future:

_____

_____

_____

_____

Other Information:

_____

_____

_____

Signature_____Date_____