

# COOPERATIVE YOUTH LEADERSHIP CAMP

June 21 - 25, 2010

## 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 \_\_\_\_\_ Male ( ) Female ( )  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Email Address \_\_\_\_\_  
School \_\_\_\_\_ Grade in Fall of 2009 \_\_\_\_\_

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 in to 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, PO Box 10426, Raleigh, NC 27605

# COOPERATIVE YOUTH LEADERSHIP CAMP

June 21 – 25, 2010

## 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'S FULL NAME \_\_\_\_\_

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 21 – 25, 2010 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 \_\_\_\_\_

**COOPERATIVE YOUTH LEADERSHIP CAMP**

**June 21-25, 2010**

**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 \_\_\_\_\_ Male ( ) Female ( )

School \_\_\_\_\_ Grade in Fall of 2010 \_\_\_\_\_

County \_\_\_\_\_ Year you will graduate from high school \_\_\_\_\_

Name of Local Newspaper \_\_\_\_\_

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

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Honors and Special Achievements

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Hobbies, Talents and Interests:

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Do you currently work? \_\_\_yes \_\_\_no. If yes, where and what position? \_\_\_\_\_

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Educational and Career Plans for the Future:

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Other Information:

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