



2009 SUMMER LEADERSHIP TRAINING CAMP

June 5 – June 7, 2009 • Florida FFA Leadership Training Center • Haines City, Florida

Registration Form

One student per form. Please PRINT legibly using BLACK ink. Complete both sides of the form. Applicants accepted without regard to race, creed, color, or religious preference.

Camper Information

First _____ **M.I.** _____ **Last** _____
Address _____ **City** _____ **State** _____ **Zip** _____
E-mail _____ **Home Phone** _____
Nickname _____ **Gender** _____ **Current Grade Level** _____
Birthdate (xx/xx/xxxx) _____ **Future Builders of America member?** _____
FBA Chapter _____ **Title** _____
School Name _____

Parent/Guardian Information

1st Parent/Guardian _____ **Relationship** _____
Home Ph. _____ **Cell Ph.** _____ **Work Ph.** _____
Employer _____ **Position** _____
2nd Parent/Guardian _____ **Relationship** _____
Home Ph. _____ **Cell Ph.** _____ **Work Ph.** _____
Employer _____ **Position** _____

Insurance Information

Is the camper covered by health/medical/hospital insurance? _____
Name of Insured _____ **Insured's Employer** _____
Insurance Co. _____ **Policy Number** _____
Address _____ **Phone** _____
Doctor's Name _____ **Phone** _____
Doctor's Name _____ **Phone** _____

Emergency Contact Information

Emergency Contact _____ **Relationship** _____
Home Ph. _____ **Cell Ph.** _____ **Work Ph.** _____

Camper Medical Information

All prescription and non-prescription medications, treatments, ointments, etc., must be turned in at time of on-site registration. Describe any illness or condition (*e.g.*, asthma, hyperactivity, diabetes, digestive trouble, *etc.*) to which the camper is subject and/or under a doctor's care and any medication needed.

Describe any allergies (*e.g.*, food, medication, insect, *etc.*) to which camper is subject.

Yes No Camper is current on all immunizations (measles, mumps, rubella, polio, tetanus, diphtheria)

Yes No Camper may receive over-the-counter medications or treatments, except those listed above, for routine needs that may arise (headaches, nausea, *etc.*)

T-Shirt Size Youth L Adult S Adult M Adult L Adult XL Adult 2X

Please provide any further information – medical, personal or otherwise – about the camper that will help us provide a safe, meaningful camp experience.

Legal Agreement

I understand and agree that:

- ✓ Cabin assignments are based on age, chapter membership, and gender. Staff decisions are final.
- ✓ **Registration is \$200 for FBA members and is due by May 1, 2009.** Refunds are prorated as follows when requested in writing: 30-45 days notice – all but \$50; 11-30 days notice – all but \$75; within 10 days notice – no refund.
- ✓ Balance due, if any, must be **received** by registration deadline or pay \$20 fee.
- ✓ Returned check fee is \$20
- ✓ Phone calls and visits to campers and staff are discouraged, except in case of emergency.
- ✓ Campers must abide by camp rules. Discipline can range from time-out to, separation from other campers until a parent or guardian comes to pick up the camper. Parent/Guardian is responsible for loss/damage to the camp or the personal property of another resulting from camper's behavior.
- ✓ Any photographs/videos of the camper, individually or in a group, by or for FBA Summer Leadership Retreat, while the camper is participating at camp shall be the absolute property of the Florida Home Builders Foundation for its use. Any claim for damages or compensation for their use is hereby released.
- ✓ This health and personal history is correct as far as I know. The person described herein has permission to engage in all camp activities except as noted by me or a physician. By signing this form, I verify my camper is the age listed.
- ✓ Emergency Authorization: In case of emergency, I hereby give permission for medical personnel selected by authorized camp staff to secure proper treatment for my child if he/she is ill or injured. Such treatment could include, but is not limited to, the following: x-rays, injections, hospitalization, anesthesia, and/or surgery. This form may be photocopied of use outside of camp. Every effort will be made to contact a parent or guardian before taking emergency action.

Parent/Guardian Signature

Date

Florida Home Builders Foundation • 201 East Park Avenue • Tallahassee, FL 32301 • 850/224-4316 / 224-1359 fax

www.fhba.com • www.futurebuildersofamerica.org

STATEMENT OF PARENTAL CONSENT

IN CONSIDERATION of my child’s participation in the FUTURE BUILDERS OF AMERICA CAMP (“FBA Camp”) which is sponsored by Future Builders of America, Inc. (“FBA”) and the Florida Home Builders Foundation, Inc. (“Foundation”), both wholly owned subsidiaries of the Florida Home Builders Association, Inc. (“FHBA”). Activities for this program include, but are not limited to, basic construction and recreational activities associated with the program and transportation to and from the FBA Camp facilities.

For other good and valuable consideration received, I

(parent/legal guardian name and relationship to student)

voluntarily & without inducement give my consent for my child (if filling out form for yourself, write in “self”),

(child’s name) (age) (sex)

to participate in the aforementioned FBA Camp and release FBA, the Foundation, and FHBA from any and all liability therefore and assume the risks, if any, arising there from.

Should first aid or emergency medical needs arise such as cuts, scrapes, bruises, or lacerations, I consent to treatment necessary to prevent infection and promote healing. This could involve cleansing and antibiotic, as appropriate under the circumstances, as well as x-rays and medical laboratory procedures. I do understand that generally the administering of medications is preferable to leaving the condition untreated; and that violent reaction to medication or drugs could occur.

The following are the drugs and medications that disagree with my child or to which he/she is sensitive or allergic:

(Note: Write “none” if your child has none.)

Furthermore, my child has the following chronic diseases (e.g. asthma, epilepsy, congenital defects, etc.):

Regarding major traumas or medical emergencies, I understand that FBA and the Foundation would refer the treatment of such to the appropriate physician/facility. Should FBA or the Foundation not be able to contact me, it is my desire that my child receive treatment, nonetheless, and I will hold harmless FBA, the Foundation, and FHBA from any liability, claims and demands, whatsoever, for referring to others for treatment. Furthermore, being fully aware of the hazards and possible consequences involved in treatment and/or referral of such injury,

I agree to hold harmless FBA, the Foundation, and FHBA, their employees and agents, from any claims or demands arising out of any injury or complications whatsoever which may result from such incident, injury, or treatment.

I understand the circumstances involved in my child's participation in the above described activities; I have read this statement, understood its contents, and sign it of my own free will and choice, and do so to benefit the best interest and education of my child.

IN WITNESS WHEREOF, I (parent/legal guardian) have executed this document this _____ day of _____, 20__.

Signature of parent/legal guardian

Street address

City and State Zip Code

Home Telephone Cell/Work Telephone

PERFORMANCE RELEASE

I hereby give Future Builders of America, Inc., and the Florida Home Builders Foundation, Inc, and the members of the staff of those organizations, the right and permission to take still photographs or to make motion pictures of me and/or record my voice in connection therewith, to televise, post on the internet, copyright and/or publish or use photographs and pictures of me and to distribute same by Future Builders of America or the Florida Home Builders Foundation and/or their licenses. I also hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use of which it may be applied.

The intent of the production in which I am consenting is to promote awareness of the Future Builders of America program and construction education. Images will not be used for profit.

Date

Student Name

Student Signature

Witness Signature (Parent or Guardian)