

# 2012 LEADERSHIP TRAINING CAMP

March 23 – March 25, 2012 • 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 \_\_\_\_\_  
Nickname \_\_\_\_\_ Gender \_\_\_\_\_ ..... \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
Primary field of study: \_\_\_\_\_ Number of years in this field of studies: \_\_\_\_\_ Student Experience Level  
Drafting \_\_\_\_\_ 1- beginner 2-intermediate  
Construction \_\_\_\_\_ 3-advanced  
Other \_\_\_\_\_ *Instructor: MUST circle one*  
Birth date (xx/xx/xxxx) \_\_\_\_\_ Future Builders of America member? \_\_\_\_\_  
FBA Chapter \_\_\_\_\_ Officer? \_\_\_\_\_  
School Name \_\_\_\_\_

Shirt Size:  Adult Sm  Adult M  Adult L  Adult XL  Adult 2X  Adult 3X

### Parent/Guardian Information

1<sup>st</sup> Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
2<sup>nd</sup> 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.*)

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 chapter membership and gender. Staff decisions are final.
- ✓ **Registration is \$200 for FBA members and is due into the FBA offices by January 27, 2012.** 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 Future Builders of America 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.

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Parent/Guardian Signature

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Date

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 Foundation. ("FBA") wholly owned subsidiary 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"),

\_\_\_\_\_  
(Student's name)                      (age)                      (sex)

to participate in the aforementioned FBA Camp and release FBA, 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.):

\_\_\_\_\_

\_\_\_\_\_



## PERFORMANCE RELEASE

I hereby give Future Builders of America, and FHBA 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 FHBA 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)

PARENT OR GUARDIAN:

***PLEASE SUBMIT COMPLETED APPLICATIONS TO THE STUDENT'S INSTRUCTOR IN A TIMELY MANNER.***

***Include \$200 Non refundable Registration Fee***

***INSTRUCTORS MUST HAVE ALL APPLICATIONS INTO THE FBA BY JANUARY 27, 2012.***

INSTRUCTORS:

***MAIL COMPLETED FORMS AND PAYMENT (\$200/student) TO:***

***Debbie JP Emmons, FBA Coordinator/Consultant***

***Future Builders of America***

***c/o CDBIA***

***17984 Toledo Blade Blvd.***

***Port Charlotte, FL 33984***

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