

2025 LEADERSHIP SUMMIT APPLICATION
WED, MAY 7-SAT, MAY 10 – CIRCLE F DUDE RANCH,
LAKE WALES, FL
REGISTRATION DEADLINE IS FEB. 28, 2025



One student per form. Please **PRINT** legibly. Complete all pages of this form. Applications are accepted without regard to race, creed, color or religious preference. **Registration is non-refundable after April 01, 2025.** **STUDENTS MUST BE ACCOMPANIED BY AT LEAST ONE ADULT FROM THEIR DISTRICT (TEACHER, COUNSELOR, OR HBA MEMBER). THE ADULT WILL BE CONSIDERED PART OF THE STAFF AND WILL BE EXPECTED TO REMAIN ONSITE FOR THE DURATION OF THE SUMMIT.**

STUDENT INFORMATION

First Name: _____ MI _____ Last Name: _____ Nick Name: _____
 Address: _____ Home Phone: _____
 City: _____ St: _____ Zip: _____ Cell Phone: _____
 Email: _____
 Current Grade: _____ DOB: _____ Age as of May 7, 2025 _____ Gender: Male _____ Female _____
 FBA Chapter: _____ Officer? _____ Shirt Size: SM ___ MED ___ LG ___ XL ___ 2XL ___ 3XL ___
 School: _____ Chapter Advisor: _____

PARENTS/GUARDIANS INFORMATION

1st Parent/Guardian Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 2nd Parent/Guardian Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Emergency Alternate: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Is the student covered by health insurance? Yes _____ No _____ Insurance Co: _____
 Name of Insured: _____ Policy #: _____ Phone: _____
 Primary Physician: _____ Phone: _____

Registration Fee:

\$100.00 per student payable to Home Builders Institute. ALL COMPLETED APPLICATIONS AND FEES MUST BE SUBMITTED TO AND APPROVED BY THE CHAPTER ADVISOR. CHAPTER ADVISOR: PLEASE MAIL COMPLETED FORMS TO: **Future Builders of America * PO Box 429 * Jensen Beach, FL 34958**

SCAN TO PAY ONLINE ----->



QUESTIONS? Contact Cindy Hall, FBA Program Director - 772-370-4713 – Cindy.Hall@HBI.org

STUDENT MEDICAL INFORMATION:

All prescription and non-prescription medications, treatments, ointments, etc., must be turned in at the time of on-site registration in a clear Ziplock bag with the student’s name and school on it. **PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER.** Please describe any illness or condition for which the student is under current medical supervision: _____

Describe any allergies (i.e. food, medication, insect, etc.) that the student may have: _____

Is the Student current on all immunizations? Yes ____ No ____ May the Student receive over-the-counter medications or treatments, except those listed above, for routine needs such as headaches, nausea, etc. Yes ____ No ____

Please provide any other additional information - medical, personal, etc. - about the student that will help us provide a safe and meaningful experience for all students. _____

STATEMENT OF PARENTAL CONSENT:

IN CONSIDERATION of my child’s participation in the Future Builders of America Summit (FBA Summit) which is sponsored by Future Builders of America (FBA) and overseen by the Home Builders Institute (HBI). Activities for the program include, but are not limited to, basic construction and recreational activities associated with the program and transportation to and from the FBA Summit facility located at 5301 Dude Ranch Rd, Lake Wales, FL 33898.

For other good and valuable consideration received, I

(parent or legal guardian name and relationship to student)

Voluntarily and without inducement give my consent for my child

Student’s Name: _____ DOB: _____ Sex: _____

to participate in the aforementioned FBA Summit and release FBA and HBI 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 cleaning and antibiotics as appropriate under the circumstances, as well as x-rays and medical laboratory procedures. I do understand that generally administering or medication is preferable to leaving the condition untreated, and the violent reaction to medication or drugs could occur. Regarding major traumas or medical emergencies, I understand that FBA would refer the treatment of such to the appropriate physician/facility. Should FBA not be able to contact me, it is my desire that my child receive treatment, nonetheless, and I will hold harmless FBA and HBI, their employees and agents, from any claims or demands arising from any injury or complications which may result in such incidents, 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 on my own free will and choice, and do so to benefit the interest and education of my child. This form may be photocopied for use outside of the summit.

IN WITNESS THEREOF, I (parent/guardian) have executed this document this _____ day of _____, 20____.

Signature of Parent/Guardian: _____

PERFORMANCE RELEASE

I hereby give Future Builders of America, Inc, staff and volunteers 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 FBA and/or their licenses. I also 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.

Student Name: _____ Student Signature: _____

Parent/Guardian Signature: _____ Date: _____

CODE OF CONDUCT

All members of the Future Builders of America who attend the Leadership Summit are required to abide by the Code of Conduct and Dress Code as stated below. Participation in Future Builders of America is voluntary.

- **At all times, respect public and private property and the rights of others.**
- Comply with room assignments and will change rooms only with the permission from my Villa Counselor.
- Abide by the curfew.
- Not to entertain members of the opposite sex in my room, nor shall I enter the room of the opposite sex.
- Not to use alcoholic beverages or drugs of any kind unless prescribed by a physician, in which case I will provide my doctor's permission.
- **Tobacco products of ANY Kind are prohibited.**
- Not to leave the Summit grounds without permission of the Summit Director.
- Conduct myself in an exemplary manner at all times.
- Keep my Villa Counselor and/or Team Counselor informed of my whereabouts at all times.
- Observe the proper dress code and wear my name tag at all times.
- Attend and arrive on time for all meetings when scheduled.

DRESS CODE and GENERAL INFORMATION

- FBA Chapter T-Shirt is to be worn to the Summit on Wednesday. T-shirts for Thu, Fri, and Sat will be provided.
- Jeans or work type pants for all class activities. (NO low-riders or anything that will drag - NO rips/tears).
- Sweatshirt and/or Jacket with NO large print or graphics, with the exception of school, team, FBA or sports logo.
- **Sneakers or work boots ONLY for all class activities** – Crocs or sandals are only allowed at the lake.
- Appropriate swimwear – ALL students MUST have a T-shirt or cover-up at all times.
- Appropriate sleepwear **AND SLEEPING BAG OR SHEET/BLANKET, PILLOW, TOWELS FOR BATHING & SWIMMING**
- NO jewelry or clothing that hangs and could be a potential danger.
- NO contraband: tobacco/chew, non-prescription drugs or medications, weapons, or alcohol.
- NO electronics other than a phone.

Cell phones are allowed but will be confiscated if used during training sessions.

If in violation of any of these rules, I accept the consequences imposed on me by the Staff including the extent of immediately being sent home at my own expense.

Student Name: _____ Student Signature: _____

Parent/Guardian Signature: _____ Date: _____