



Cooperative Leadership Camp Registration

Student First Name _____ Last Name _____ Male ___ Female ___
Mailing Street Address _____
City _____ State _____ Zip _____ Age at Camp _____
Date of Birth _____ Home Phone _____ Cell Phone _____
Student Email _____
Parent /Guardian: _____
Parent /Guardian Email _____
School Contact Name: _____ Email: _____
School _____ Grade (Current) _____ Year of Graduation _____

Will you ride the bus to and from Camp? Yes _____ No _____
Choose your bus stop location: Statesville _____ Greensboro _____ Raleigh _____ Rocky Mount _____
If no, will you be driving yourself to camp or getting a ride? Driving self _____ Getting ride _____
Tee Shirt Size: _____ Small _____ Med _____ Large _____ X-Large _____ XX-Large
Local Newspaper: _____ Newspaper Email: _____

To make this registration complete, please make sure to send these forms (via mail or email) completed and signed as well as a letter of reference from your school or your cooperative. CCNC will secure your spot for camp when forms returned.

Letter of reference person: _____ Phone: _____
Email for reference person: _____

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, social media, 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** _____

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. If dismissal because of conduct, parent will be required to pick up from camp during the same day.

Parent / Guardian Signature _____ **Date** _____
Student Signature _____ **Date** _____



Health and Medical Release Form

Parent / Guardian 1 Name _____ Cell Phone _____

Parent / Guardian 2 Name _____ Cell Phone _____

Other Emergency Contact Name _____ Cell 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 is deemed 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 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 _____

Cell Number(s) _____

Hold Harmless Agreement: Covid-19: I wish to participate in the event and do so at my own risk. In exchange for participating in the event, I release the CCNC and all their employees, officers, and volunteers from liability for and waive any and all claims for expenses and any other liabilities incurred if my student contracted COVID-19 at the event. Further, I agree to abide by all safety precautions for indoor gatherings as set by CDC, state, local, and federal laws for COVID-19, as well as, venue protocol for the duration of the event. I also agree to follow any guidelines requested by CCNC for this event. I understand I will be asked to leave the event and not return unless I agree to follow the event guidelines. Having read and understood the above, I freely sign this waiver, release and hold harmless agreement.

Parent / Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____