

Area 7 Leadership Camp 2019

The price per camper is \$125.

All applications and money are due to the area camp table at Area Convention before 10 am. This includes all district officers and area officers!!

Please make note that each application also includes Parent/Guardian Medical Liability & Photography Release Form from Eagle's Wing Retreat Center on top of what is in our Area VII FFA Camp Application!

Students will still receive a binder, t-shirt and all meals paid for.

There are still no cell phones allowed.

The number of campers is not guaranteed, it all depends on the number of chapters applying for camp! Area and District Officers automatically get into camp if they turn in their forms. Due to the decreased amount of chapters in our area we are able to open more spots per a chapter however, please fill out the form on the 2nd page to rank the students in the order that you would like to have them attend from your chapter.

Sincerely,
Lauren Henderson

Please feel free to contact if you have any questions:
Lauren Henderson at: lhenderson@judsonisd.org or 210-789-6539

Chapter: _____ District: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Chapter: _____ District: _____ Rank _____

**Area VII Leadership Camp Application 2019
(Eagle's Wing Retreat Center, Burnet, TX---June 18th through 20th)**

**Eagle's Wings Retreat Center
2805 Ranch Rd
Burnet, Tx. 78611**

Student Name: _____

Degree Held in FFA: _____ Grade (2018-2019) _____ Gender: _____ T-Shirt Size: _____

Parent(s) or Guardian(s) Name(s) _____

Address: _____

City: _____ Zip: _____

Student email address: _____

Have you ever attended Area VII Camp Before? _____ Yes _____ No

Adult Liability & Photography Release Form

Dear Participant,

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

Participant Information

Name _____ Birth Date _____

Address _____

Cty/St/Zip _____ Phone _____ Cell _____

Email address _____

Consent

I consent to my participation in the activities at Eagle's Wings Retreat Center. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise in the event of an injury. Further, I agree to accept financial responsibility as a result of medical treatment. I agree to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc. staff and volunteers. Eagle's Wings Retreat Center will not be liable if I fail to cooperate with regulations, and that my infraction of the rules may result in immediate dismissal from this facility at my expense.

I also authorize Eagle's Wings Retreat Center the right to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

Participant's Signature _____ **Date** _____

Medical and Emergency Information

Family Physician _____ Phone(_____) _____

Preferred _____

Hospital _____ Phone _____

Address/City _____

Allergies _____ Current Medications _____

Medical Conditions we should be aware of _____

In case of emergency, please call:

Name _____ Phone _____ Alternate _____

Phone _____

As principal of _____, I certify that _____ has a satisfactory behavior record at our school, and is a good candidate for the Area VII FFA Leadership Camp.

Principal Name

Principal Signature

Date

TO BE FILLED IN BY CHAPTER ADVISORS:

Please note any special concerns regarding this application, which would influence the coordinator's decision on admitting this student to camp.

Complete the following by placing a check mark in the box to the left of items that apply to this applicant:

- Area Officer, representing the _____ District
- District President, from the _____ District
- District Officer, from the _____ District
- Chapter President
- Chapter Officer
- Chapter Award Winner (ex. Star Greenhand, etc.) List Award: _____

****Remember to rank your applications on the top right corner of the first page!

Parent/Guardian Medical Liability & Photography Release Form
Eagle's Wings Retreat Center
2805 Ranch Rd., Burnet, Tx. 78611

Dear Parent or Guardian,

We are happy that your son/daughter will be participating in the activities at Eagle's Wings Retreat Center (EWRC). For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out and sign this form and this will act as a Medical and Liability Release. Please note that your signature is required in two (2) places. Please be sure all information is correct.

Participant Information

Name _____ BirthDate _____
Address _____ City/St. _____ Zip _____
Phone # _____ Cell# _____
Mother's Name _____ Father's Name _____
Mother's Address(if different than child) _____
Father's Address(if different than child) _____
Mother's Phone _____ Father's Phone _____
(if different than child) (if different than child)
Email address of one parent _____

Parent/Guardian Permission

I hereby consent to participation by my son/daughter _____ in the activities at EWRC. I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice. I relieve EWRC, its staff, Board members and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will not hold Eagle's Wings Retreat Center, Inc., its personnel, or volunteers liable in the event of injury. Further, I agree to accept financial responsibility as a result of scheduling medical treatment.

I also authorize Eagle's Wings Retreat Center the right to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

My child agrees to abide by all rules and regulations stated by EWRC, staff and volunteers. I understand that EWRC will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from this facility at my expense.

Signature _____ Date _____

Participants Signature _____

Medical and Emergency Information

Family Physician _____ Phone (____) _____

Preferred Hospital _____ City _____ Phone(____) _____

Allergies _____ Current Medications _____

Medical Condition we should be aware of _____

In case of emergency, please contact (If different from above)

Name _____ Phone _____

Name _____ Phone _____

CHAPTER ADVISOR SHEET

EMERGENCY CONTACT INFORMATION

CHAPTER NAME: _____

Complete the following chart. In the rank column, rank the ag teachers in order of contact.

Rank	Name	School Phone	Cell Phone	Home Phone	Other Phone

IF ANY AG TEACHERS ARE WANTING TO VOLUNTEER TO BE CAMP ADVISORS, COMPLETE THE FOLLOWING INFORMATION:

NAME: _____ GENDER: _____ T-SHIRT SIZE: _____

NAME: _____ GENDER: _____ T-SHIRT SIZE: _____