

INSTRUCTIONS: Complete the entire form. This form is strictly use for the sole purpose of the Area X FFA Greenhand Leadership Conference Day Camp, **October 5, 2015** at Zephyr Baptist Encampment in Sandia, TX. between the hours of 8:00am to 3:30pm. This form **must** be presented to the Area Coordinator on the day of registration.

***Please Print***

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 ***FIRST NAME LAST NAME***

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 ***Chapter name Date of Birth***

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 Ag Science teacher name(s)

SPECIAL MEDICATIONS: Please circle “YES” or “NO” if prescribed medication must be taken during the day.

If “YES”, please list the name of the drug(s) and/or medication, along with the name and number of the prescribing physician, dosage, consumption rate and interval:

**Special Dietary Needs or Conditions: (i.e.** Food Allergies, Diabetes, etc.)

**Authorization for Treatment:** *In the event that my child becomes incapacitated, I hereby give permission to have emergency first aid administrated by any qualified person in case of illness and/or injury and to be transported by the most expedient means of convey*ance *to the nearest available physician, hospital or clinic and receive treatment as is medically prescribed by physician(s). In case of extreme illness and/or injury, I do further agree that the Area X FFA Association, Zephyr Baptist Encampment and their employees, agents, individually or collectively, shall not be held responsible or liable for personal injury or loss resulting while in attendance at the Area X FFA Greenhand Leadership Conference Camp, Zephyr Baptist Encampment, Oct. 5, 2015.*

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Student signature Date signed

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Parent/Guardian Signature Phone number Date signed