

Iowa FFA Form 1

PERSONAL CONDUCT AGREEMENT General Behavior Expectations

While participating in the leadership conference, managed by Iowa FFA Association (“FFA”), there are certain behavioral expectations that must be observed by all participants to maintain good standing with FFA and participation in these programs.

All participants in an event or activity sponsored by FFA are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. You are prohibited from consuming alcoholic beverages. In addition, you must abide by all rules and regulations established by FFA for participation in the leadership conference.

- a) I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and state FFA association.
- b) I promise to abide by the National FFA Code of Ethics
- c) As a representative of more than 540,000 FFA members, I will be well groomed and dress appropriately during the leadership conference.
- d) I will not be in a hotel room of another participant of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference and my parent(s)/guardian(s) will be notified.
- e) I will not use drugs, alcohol, or tobacco at any time during the conference. I understand if I violate this rule, I will be sent home immediately at my own expense and my parent(s)/guardian(s) will be notified.
- f) I will pay for all personal costs and any damage of camp property directly to the camp before I depart. My room will be kept neat and clean.

FFA reserves the right to immediately terminate from the conference anyone who is found to have violated these behavioral expectations. Students terminated from the conference will be sent home at their own expense and will be responsible for all other expenses associated with their termination.

PERSONAL CONDUCT AGREEMENT

General Behavior Expectations Agreement

In exchange for my being allowed to participate in an event or activity sponsored by FFA, I, and my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following.

1. I agree to participate in FFA's leadership conference according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation in the conference at the sole discretion of FFA, through its representatives, if I (a) engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above or (b) consume alcohol.
3. I further understand and agree that if my participation in the leadership conference is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including my travel expenses, and (b) I will not be entitled to any refund of money I have paid to FFA for my participation in the conference.
4. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of the conference, agree to abide by those behavioral expectations, and agree to each of the above paragraphs.

Printed Name (Participant)

Signature

Date

In exchange for my child or ward being allowed to participate in the conference sponsored by the FFA and as the custodial parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

Printed Name
(Parent or Legal Guardian)

Signature

Date

Printed Name
(Parent or Legal Guardian)

Signature

Date



Iowa FFA Form 2

Health Form

(This form must be completed prior to participation in camp programs.)

Name: _____
Last First Middle

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Gender: M F Age: _____ Date of Birth: _____
Month/Day/Year

Address: _____

City: _____ State: _____ Zip: _____

Does the participant have any allergies we should be aware of? _____

Does the participant have any health conditions we should be aware of?

Are you asthmatic? Y N (If yes, please bring inhaler while at the conference.)

Are you diabetic? Y N (If yes, please bring appropriate medication.)

Do you have any special food requirements? _____
(If yes, please contact the camp Program Director 2 weeks prior to your visit.)

Is there any concern that would limit your level of activity?

Other Emergency Contacts

1. _____
Name Relationship Address

Home Phone Work Phone

2. _____
Name Relationship Address

Home Phone Work Phone

Incase of medical emergency, I hereby give permission to the physician selected by the appointed staff member to hospitalize, secure proper treatment or order injection, anesthesia or surgery for the participant named on this health form. I will notify the Program Director of any serious restrictions related to his or her participation in the Iowa FFA Association programs. I also assume all responsibility of any medical treatment costs that occur while my child is attending the Iowa FFA Association program. I will not hold the Iowa FFA Association or any of its agents, staff or volunteers liable in the event of any emergency or incident relating to loss during FFA programs or while using FFA Enrichment Center facilities.

Signature of Participant or Guardian: _____ **Date:** _____