

AREA X FFA LEADERSHIP CONFERENCE CAMP

REGISTRATION/MINOR RELEASE FORM ZEPHYR BAPTIST ENCAMPMENT

The information in this form will not save, please print once completed and then get appropriate signatures and fees send to:

Jerome Tymrak, Area X FFA, P.O. Box 6. Bishop, Texas 78343

Last Name	<input type="text"/>	First Name	<input type="text"/>
Gender	<input type="text"/>	T-Shirt Size	<input type="text"/>
		Grade (2012-13)	<input type="text"/>
		Current Age	<input type="text"/>
SCHOOL	<input type="text"/>	Chapter Office Position	<input type="text"/>
Parents/Guardian Full Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Parent Cell phone	<input type="text"/>
Emergency Contact Name	<input type="text"/>		

MEDICAL & EMERGENCY INFORMATION

Family Physician Name	<input type="text"/>	Phone #	<input type="text"/>
Insurance Company	<input type="text"/>	Policy #	<input type="text"/>
Has Camper had:	<input type="text"/>	Date of last Tetanus shot	<input type="text"/>
Date of Oral Polio Vaccine:	<input type="text"/>	Date of Measles/Mumps/Rubella vaccine	<input type="text"/>
Is the camper taking any medication that must be given at the camp?	<input type="text"/>	If yes, Please administer the following medication. All prescriptions must be in its original pharmaceutical packaged with the correct name, dosage & date on label. You may write on back the instructions.	

I am aware of the fact that photos of my child may be taken during the week of camp by camp staff which may appear in future camp publicity or on the Area X website. I am aware that during my participation at Zephyr, upon my request, certain risks and damages may occur. These include, but may not be limited to the Zephyr Challenge Course and recreation activities. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Zephyr, Area X and its staff and sponsors. The terms hereof shall serve as **RELEASE AND ASSUMPTION OF RISK** for my heirs, executors, and administrators, and for all members of family. I hereby give my authority and consent to medical treatment and surgical treatment as may be needed in the judgement of the treating physician, for my child by a physician chosen by the Zephyr Administrator or an employee working under him. I understand twenty-four hour first aid is available. I further understand that limited secondary accident and illness coverage is provided. In case of an accident or illness, Zephyr will attempt to provide first aid and arrange transportation to medical services, if needed. Zephyr does have limited secondary medical insurance.

Check here if you do not want your child photo published.

Signatures below indicate your agreement of all rules and regulations given by Area X FFA Association, Area Officers, Zephyr Camp and staff during the week of Area X FFA Leadership Conference Camp.

Student Signature	<input type="text"/>	Date Signed	<input type="text"/>
Parent Signature	<input type="text"/>	Date Signed	<input type="text"/>
Advisor Name	<input type="text"/>	Cell Phone #	<input type="text"/>