

2019 SCFB YOUTH LEADERSHIP CONFERENCE

READY. SET. ENGAGE!



- High Ropes Course
- Team Building
- Industry Tours
- Advocacy Training

sponsored by



JUNE 23 –27, 2019 • CAMP LONG, AIKEN, SC

DEADLINE TO REGISTER IS MAY 1. Registration Fee: \$75.00
All participants must register through their county Farm Bureau office.

Are you interested in building your **leadership skills?** Then join us for the 2019 SC Farm Bureau Leadership Conference.

This conference is sponsored by the SCFB Women's Leadership Committee and is open to Farm Bureau members who are rising high school juniors and/or seniors.

You must fill out the accompanying medical form and photo release. They must be signed by a parent or guardian.

Please note on the medical release form, participants do not need an examination by a physician, only the date of their last tetanus immunization.

It is the responsibility of the participant to arrange transportation to and from the conference.

County _____ Member No. _____

Name _____

Male

Female

Address _____

City/State/Zip _____

Student's Mobile No. _____

Student's E-mail _____

Date of Birth _____

I will complete the _____ grade this year.

Please select your t-shirt size. S M L XL XXL

I understand that my son/daughter is expected to represent our county Farm Bureau in a manner that will be upstanding. I expect my child to abide by the rules and guidelines established for the SCFB Leadership event.

Parent Signature _____

County President _____

MEDICAL INFORMATION: Please print and complete all information where applicable:

Name of Special Event/Group: SCFB Youth Leadership Conference

Participant's Name: LAST FIRST MIDDLE

Address:

Date of Birth: Male Female

Full Name of Parent/Guardian:

(Address if different from above)

Home Phone: Business Phone:

If not available in an emergency, notify:

Address:

Phone Number: Relationship:

Name of Personal Health Insurance Company & Address:

Policy #:

MEDICAL HISTORY (To be completed by parent or self)

- 1. List all medications patient currently taking:
2. List all medical conditions currently under treatment:
3. Does patient have loss of a paired organ, i.e., kidney, eye? Yes No
4. Is patient allergic to any medications? Yes No
5. Date of last tetanus immunization:
6. List any allergic reactions:

I hereby state that the SC Farm Bureau is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above person prior to the first day the participant registers.

Signed Relationship Date

CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT/RELEASE OF MEDICAL INFORMATION

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operations will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payments in full of any charges incurred.

Signed Relationship Date

PHOTO RELEASE

I hereby give permission to the SC Farm Bureau to take photographs of my son/daughter at the SC Farm Bureau Youth Leadership Conference. Photographs may be used to publicize the event. Photographs may also be used to promote the conference and Farm Bureau. Photographs may be used on the SCFB web site.

Signed Relationship Date