

# YOUTH LEADERSHIP 2025



# CHARTING NEW COURSES

**Arrr, hoist the sails! Youth Leadership be set for a swashbucklin' grand adventure, givin' young buccaneers the chance to sharpen their leadership and advocacy skills while making new friends from ports all across the state. Ye'll set sail on top-notch sessions, divin' deep into the diverse range of crops and goods South Carolina be producin'. As a bold crew member, ye'll be dared to weigh anchor and take the helm as a grassroots leader, discoverin' how ye can chart new courses with Farm Bureau. Yo ho, let's set sail!**

## WHEN AND WHERE IS YLC?

YLC will be held June 22-25, 2025, at the SC Governor's School for Agriculture at John de la Howe in McCormick, South Carolina. Students will be housed on campus along with student counselors and SCFB staff.

## PROGAM HIGHLIGHTS

- Exciting Keynote Speaker
- Ag Olympics
- Developing as a Grassroots Leader
- Hands on learning through Ag Labs
- Shooting Sports

## HOW MUCH DOES IT COST?

The cost to attend Youth Leadership Conference is \$75. This fee should be submitted with your registration form to your county office.

## HOW DO I REGISTER?

Applications are available online at [scfb.org/youthleadershipconference](https://scfb.org/youthleadershipconference). To be considered for the program, applications must be completed and postmarked no later than **May 30, 2025**.

## SUBMISSION & CONTACT INFORMATION

Completed applications must be submitted **no later than May 30, 2025**, to your county office.

**County Secretaries:** Return forms and fee to Mallory Hall at P.O. Box 754, Columbia, SC 29202.

For more information, please contact Elizabeth Wood at (803) 936-4249 or [elizabethwood@scfb.org](mailto:elizabethwood@scfb.org).

**Sponsored By:**





## 2025 YOUTH LEADERSHIP CONFERENCE

June 22-25, 2025

Governor's School for Agriculture at John de la Howe  
McCormick, SC

Registration Deadline: **May 30, 2025**

Submit your registration form and \$75 fee to your county office.

County Secretaries: Return forms and fee to Mallory Hall at P.O. Box 754, Columbia, SC 29202

### APPLICANT INFORMATION

Student Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Farm Bureau Member? Yes No Membership Number: \_\_\_\_\_

TShirt Size: \_\_\_\_\_ I am a Rising Junior Rising Senior

Parent(s)/Guardian(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Future Plans, including areas of interest:

Why do you want to attend this YLC and what do you expect to gain from the conference?:

In the following space, please list your extracurricular activities including any offices held or awards received:

EXTRACURRICULAR ACTIVITY	DESCRIPTOR (OFFICES, AWARDS, ETC.)

### **SCHOOL OFFICIAL CERTIFICATION**

I certify that the student named in this application is currently enrolled and in good standing at our school. To the best of my knowledge, they demonstrate good behavior, adhere to school policies, and exhibit a positive attitude toward learning and leadership. I recommend this student as a suitable candidate for the South Carolina Farm Bureau Youth Leadership Conference.

School Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT CERTIFICATION**

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 Representative: \_\_\_\_\_

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:

Parent/Guardian Email Date of Birth: Male Female

Full Name of Parent/Guardian:

(Address if different from above)

Cell 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  
If yes, list  
4. Is patient allergic to any medications? Yes No  
If yes, list:  
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/VIDEO RELEASE  
I hereby give permission the SC Farm Bureau to take photos/videos of my son/daughter at the SC Farm Bureau Youth Leadership Conference. Photos/videos may be used to publicize the event. They may also be used to promote the conference and Farm Bureau or on the SCFB website.  
Signed Relationship Date