

SC FARM BUREAU

YOUTH LEADERSHIP CONFERENCE



Field of Dreams

00483

ADMIT ONE

00483

July 25-28, 2021
Governor's School for
Agriculture at John de la Howe
McCormick, SC

Deadline to register- July 2
Registration fee- \$75
Must be a rising high school
junior or senior

Sponsored by the Women's
Leadership Committee



YOUTH LEADERSHIP IS YOUR TICKET TO ENHANCING YOUR AGRICULTURAL ADVOCACY AND LEADERSHIP SKILLS ALL WHILE HAVING FUN WITH HIGH SCHOOL STUDENTS FROM ACROSS THE STATE. PARTICIPANTS WILL GET AN INSIDE LOOK AT HOW THE FARM BUREAU ORGANIZATION EFFECTIVELY HELPS THE AGRICULTURE INDUSTRY BY BEING A STRONG VOICE IN THE LEGISLATIVE ARENA AND PROVIDING OPPORTUNITIES FOR MEMBERS TO GROW AS GRASSROOTS LEADERS.

PROGRAM HIGHLIGHTS

SURPRISE SPORTS SPEAKER | LEADERSHIP TRAINING | TEAM BUILDING ACTIVITIES
HANDS ON LEARNING THROUGH AG LABS | SHOOTING SPORTS

Full Name of Student:

Male Female

County: _____

Member No: _____

Address: _____

City/State/Zip: _____

Student's Cell: _____

Student's Email: _____

Date of Birth: _____

I will complete the ____ grade this year.

Please check your 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 OR GUARDIAN

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:

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