

SPONSORED BY

2020 SCFB YOUTH LEADERSHIP CONFERENCE

2020 VISION





June 14-17, 2020 Youth Learning Institute Pickens, SC

Deadine to register is May 29 Registraiton Fee: \$75

All participants must register through their county Farm Bureau Office

Are you interested in agricultural advocacy and enhancing your leadership skills all while having fun with high school students from across the state? Join us for the 2020 SC Farm Bureau Youth Leadership Conference. This program is open to Farm Bureau members who are rising juniors and seniors in high school. 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 provides opportunities for members to grow as grassroots leaders. This program is sponsored by the SCFB Women's Leadership Committee.

Industry Speakers

Advocacy Training

Team Building Activities

Clemson University Visit

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			Fema			
Address						
City/State/Zip						
Student's Mobile No.						
Student's E-mail						
Date of Birth						
I will complete the grade this year.						
Please check your t-shirt size	•	S	М	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.						

County President

Parent Signature

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

Name of Special Event/Group: SCFB Youth Leadership Conference							
Participant's Name: IAST	FIRST	MIDDLE					
Address:							
Parent/Guardian Email	Date of Birth:						
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:							
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.

Date