

# MEMBER REGISTRATION FORMS

## FFA Personal Conduct Agreement - General Behavior Expectations

While participating in the National FFA Organization/Iowa FFA Association program (“FFA”), there are certain behavioral expectations that must be observed by all participants to maintain good standing with FFA and participation in these programs.

All participants in an event or activity sponsored by FFA are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. Participants are prohibited from consuming alcoholic beverages or using tobacco products. In addition, participants must abide by all rules and regulations established by FFA for participating in the program.

In exchange for being allowed to participate in the FFA event or activity, I, and my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

1. I agree to participate in FFA’s leadership conference or events according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I promise that my attitude, conduct, and appearance will be such to reflect credit on my chapter, school, community, state, and national FFA associations. And as a representative of more than 629,000 FFA members, I will be well-groomed and dress appropriately during any program as outlined by the chapter advisor.
3. I promise to abide by the National FFA Code of Ethics (FFA Manual, page 20)
4. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation in the program at the sole discretion of FFA, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above including the consumption of alcohol or use of tobacco products.
5. I further understand and agree that if my participation is terminated, I will be solely responsible for all costs associated with my early termination, including travel expenses and will not be entitled to any refund of money I have paid to FFA for my participation.
6. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA publications.
7. I will pay for all personal costs and any damage of property or facilities utilized during the program before I depart. My room will be kept neat and clean. FFA reserves the right to immediately terminate from the program anyone who is found to have violated these behavioral expectations. Members terminated from the program will be sent home at their own expense and will be responsible for all other expenses associated with their termination.

By signing below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of the National FFA Organization, Iowa FFA Association, and the Nashua Plainfield FFA Chapter, agree to abide by those expectations, and agree to each of the above points.

Signature of FFA Member: \_\_\_\_\_ Date: \_\_\_\_\_

In exchange for my child (or ward) being allowed to participate in the National FFA Organization and its associated programs and as the custodial parent(s) or legal guardian(s) of the FFA member whose name appears on this form, I/we verify that I/we fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FFA Contact, Medical Consent & Waiver Form

Full Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ T-Shirt Size: S M L XL XXL XXXL  
DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Gender: M F  
Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to FFA Member: \_\_\_\_\_

Is the member allergic to bee stings that require medication? Y N Is the member allergic to drugs? Y N

If yes, please list: \_\_\_\_\_

Is the member allergic to foods? Yes No

If yes, please list: \_\_\_\_\_

Does the member have any physical handicaps? Yes No

If yes, please list: \_\_\_\_\_

Does the member have any respiratory problems/asthma, vision problems, or hearing problems? Yes No

If yes, please list: \_\_\_\_\_

Does the member have any special dietary needs/restrictions? \_\_\_\_\_

Dates of Last Immunizations: MMR \_\_\_\_\_ TB \_\_\_\_\_ Tetanus \_\_\_\_\_

Is the member currently taking any medicines? Yes No

If yes, please list: \_\_\_\_\_

Special medical conditions/other pertinent information including surgeries, hospitalizations, etc. (add additional page if necessary): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of medical emergency, I hereby give permission to the physician selected by the advisor or an appointed chaperone to hospitalize, secure proper treatment or order injection, anesthesia, or surgery for the participant named on this health form. I will notify the FFA advisor of any serious restrictions related to his or her participation in the National FFA Organization or Iowa FFA Association programs. I also assume all responsibility of any medical treatment costs that occur while my child is attending the National FFA Organization or Iowa FFA Association programs. I will not hold the Ballard School, the National FFA Organization, or the Iowa FFA Association or any of its agents, staff, or volunteers liable in the event of any emergency or incident relating to loss during the National FFA Organization or Iowa FFA Association programs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_