

# Utah FFA Association

## Code of Conduct/Permission Form

I \_\_\_\_\_ from \_\_\_\_\_  
(Neatly Type/Print Full Name) (Neatly Type/Print Name of Chapter)

promise to abide by the following rules. I understand that I may be sent home at the sole discretion of my advisor or the activity staff, at my own or my parents expense, for any infraction of these rules and I agree to pay for any damages caused by my actions.

- 1 I will not hold the Utah FFA Association it's officers & staff responsible for travel accidents or supervision during this activity.
- 2 I will not be in a room with a person of the opposite sex without the door being propped fully open.
- 3 I will be in my room and quiet at the specified curfew and will not leave my room after curfew.
- 4 I will not use or possess any form of illegal drugs, alcohol or tobacco.
- 5 I will wear Official FFA dress as listed in the Official FFA Manual to all convention activities and all times specified.
- 6 I will at all times follow the FFA Code of Ethics as listed in the Official FFA Manual.
- 7 I will attend all convention activities as planned by my chapter and be courteous and attentive to all
- 8 I will follow the directions of all advisors and chaperones.
- 9 I will not use inappropriate language or gestures.
- 10 I will be respectful of others property and will not damage my lodging room or conference/activity facilities. I will allow inspection of my lodging room at any time by my advisor or
- 11 I agree that my photographic/film image may be taken and used by the Utah FFA Association at it's sole discretion.

\_\_\_\_\_  
Signature of Student Participant

I have reviewed the above information and agree to these rules for my student and myself. I agree to accept financial responsibility for my student's actions, include travel costs, if my student is sent home.

I understand and acknowledge that the Utah FFA Association, including all officers & staff, are not responsible for supervision of my student while traveling to, participating in and traveling from this activity. Supervision of my student is through their local chapter advisor or designated chaperone.

Parent/Guardian Home Phone: \_\_\_\_\_

Parent Guardian Alternate Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

This student meets all school/district qualifications to attend the activity and has our approval to attend. We agree to enforce the rules stated above.

\_\_\_\_\_  
(Signature of Chapter Advisor/Chaperone)

\_\_\_\_\_  
(Signature of School Administrator)

# Utah FFA Association

## Medical Release Form

*This form will be retained by your Chapter FFA Advisor(s) or designated school chaperone and not released to any other person or entity unless medical attention is required by the designated student.*

I, \_\_\_\_\_ being the legal guardian, hereby authorize in advance  
(Type/Print Guardians Name) any necessary medical treatment required by:

\_\_\_\_\_  
(Type/Print Students Name) While he/she is absent from home attending and  
traveling to/from the 2010 Utah FFA Association State

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### REQUIRED INSURANCE INFORMATION

\_\_\_\_\_  
(Father's Full Name)

\_\_\_\_\_  
(Mother's Full Name)

\_\_\_\_\_  
(Complete Home Address including Zip Code)

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_