

FOR ALL AG SCIENCE / FFA MEMBERS STUDENTS
ENROLLED IN CROSBY AGRICULTURE DEPARTMENT CLASSES

Please return this page of the rulebook:

Please view the Rulebook at www.crosby.fffanow.org

Yearly

Acknowledgment Form

For Crosby FFA/ Crosby Ag Department

Cassie Morrison, Paul Odom, Kelly Padgett, Gabby DeLauri, Cameron Flanery

Student's Name (please print) _____ Date _____

Address: _____

Please go to the www.crosby.fffanow.org website and register yearly for email notifications of events:

The above named student has my permission to attend FFA/Agriculture field trips &/or class/shop/meats lab/greenhouse/school barn activities with the Crosby Agriculture Department throughout the current school year.

We authorize the Advisors to publicize achievements/pictures of my child in School related activities on the official FFA web-site/FFA magazine, the Ag Experience Tracker-AET, in the classroom and social media.

- We have read and understand the FFA guidelines-also including livestock show rules/FFA, hold harmless agreement, officer rules and will follow instructions of FFA Advisors.
- I understand the guidelines set forth for text messaging my child, _____, and give any and all sponsors/coaches permission to notify my child of relevant information regarding the activities they are participating in during the school year
- I know that my child must have proper PPE.
- I know that my child may be working with plants, lawn equipment, shop equipment and sharp objects.
- I also understand that my child may be handling livestock/animals/small animal management animals and agree with the animal handling regulations and hold harmless agreement in this handbook.
 - My student has _____ allergies (include plants or animals)
- We understand that all the rules and regulations as stated in the school handbook also apply at any school sponsored activity. We understand that the sponsor and chaperones have the right to search handbags or personal belongings for illegal items in order to protect the entire group.

Date _____

Signature of parent or guardian

Email: _____

Street address: _____

City/State/Zip: _____

Home area code and telephone: _____

Business area code and telephone: _____

Emergency Contact name and number: _____

TRAVEL RELEASE & BEHAVIOR CONTRACT

_____ has my permission to go to **Crosby FFA Activities during the 2019-2020 School Year** with Crosby ISD and Crosby FFA. Myself and child will read and understand all guidelines and rules that will apply to this trip. We understand that the sponsor and chaperone(s) have the right to search any items that are brought on the trip. These searches can occur anytime the sponsor or chaperone see fit in order to protect the entire group. Students that participate in this trip will at all times be under the rules and guidelines set by Crosby ISD and its use of the ZERO TOLERANCE POLICY as stated in the Student Handbook. I understand that myself and child can be held responsible for any damage that may occur due to negligent behavior. I understand that the sponsor(s) in charge can set rules and guidelines as needed to protect the entire group and that if any rules or guidelines are not followed any condition of the following will occur:

1. The parents will be notified of any problem as seen fit by the sponsor(s).
2. The student will be sent home by the safest means possible, as soon as possible, at the total expense of the parent.
3. The student will face disciplinary action as stated in the student handbook.
4. School officials will be notified of the students misconduct
5. The student will be removed from the Crosby FFA Program either on a temporary or permanent basis. This will include the loss of any current officer status and the right to participate in any event through Crosby FFA.

We understand that the Crosby Independent School District, Crosby FFA/Agriculture Department, the sponsor(s), and chaperone(s) cannot be held liable for accidents and that myself and child will be held accountable for actions taken during this trip. This form must be signed by all involved, or the student will not go on this trip.

_____ Parent/Guardian Signature
 _____ Student Signature

_____ Home Phone _____ Work Phone _____ Other

Family Physicians Name and Phone: _____

Allergies: _____

Medical Insurance Information: (Name and Number)

In the event that emergency treatment or surgery is needed, a minor cannot be operated on, without the consent of a parent of guardian. Parents should consider and act at their discretion on the following:
 I give permission for _____ to receive emergency treatment by a qualified physician in any licensed hospital if the need should arise.

_____ Parent/Guardian Signature ****Please add any additional information on the back***