

# 2017 CODE OF CONDUCT

## UGA Livestock Judging Camp

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

FFA Chapter: \_\_\_\_\_

Grade: \_\_\_\_\_

### BEHAVIOR STANDARDS

All rules and regulations governing the program activities and events will be discussed with agents, teachers, leaders, and participants. This Code of Conduct is valid for the duration of the event including travel to and from the event. Participants are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.

- Participants are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
- Participants should dress appropriately, use appropriate language and respect the rights of others.
- Participants may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
- Participants may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff, leaders and Ag. Education Staff reserve the right to make adjustments to these policies

### CONSEQUENCES OF MISBEHAVIOR

Participants and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. Participants misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one faculty or staff member, one Agriculture Education staff member, two volunteers and three participants. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their leaders.

If the participant is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified; the participant may be sent home at the parents' expense and may be suspended from participation in events for a period of no more than 6 months:

- Breaking curfew or disturbing the peace,
- Unexcused absences from the activities of an event,
- Unauthorized use of vehicles during the event,
- Reckless behavior,
- Use of foul or offensive language,
- Possession or use of tobacco,
- Remaining in the presence of those using alcohol, illegal drugs or tobacco.

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the participant may be sent home at the parents' expense and suspended from participation of events for a period of no more than 12 months:

- Possession or use of illegal drugs or alcoholic beverages,
- Theft, misuse or abuse of public or personal property,
- Sexual misconduct,
- Possession of weapons or fireworks,
- Unauthorized absence from the premise of the event,
- or Assault or personal harm.

In extraordinary cases, the review board may recommend suspense exceeding those listed above.

If a participant wishes to appeal the decision of the review board, the participant must appeal in writing through the County Extension office or Agricultural Education office. Appeals must be filed within 10 days of notification of the disciplinary action. If the staff cannot resolve the matter, an appeal board will meet within 30 days of the Participants request. The appeal board will consist of one faculty/staff member, two volunteers and three participants.

#### Participant's Agreement

I have read the UGA Livestock Judging Camp FFA Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 2017 UGA Livestock Judging Camp.

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Participant's Signature

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Date

# 2017 UGA Livestock Judging Camp

## Parental Consent and Medical Form

*Please thoroughly read and complete BOTH sides of this form*

FFA Chapter: \_\_\_\_\_

Advisor: \_\_\_\_\_

Student: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

### The Undersigned, Being a Parent or Guardian

of \_\_\_\_\_ (insert name of minor) releases its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending the 2017 UGA Livestock Judging Camp including travel to and from camp, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. The 2017 UGA Livestock Judging Camp, University of Georgia, Georgia Cooperative Extension, and Georgia FFA Association are also released of any expenses for resulting from the injury.

To protect the safety of your child and other students, the 2017 UGA Livestock Judging Camp has no-tolerance policies that immediately result in students being sent home. These policies are:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering the room of the opposite sex
4. Being outside the room after curfew

Parents or guardians of students who violate these policies will be notified to pick up their child. Please stress to your child the importance of obeying all policies of UGA Livestock Judging Camp and the advisor / agent.

### NOTE TO TEACHERS / AGENTS:

Please have this form reproduced and see that each minor attending camp gets it completed and signed. If possible, reproduce this form on front and back for ease of handling. Collect these before leaving home, make sure you have them on the bus, and turn them in when you register. We suggest that you make a copy of this form for your information and protection. Without this on file **NO** medical treatment of any kind can be rendered.

**PLEASE COPY THE PARENTAL CONSENT/MEDICAL RELEASE  
ON FRONT AND BACK OF ONE PAGE**

**(Continued on Back)**

## Medical Release Form

1. Student Name \_\_\_\_\_ Chapter \_\_\_\_\_
2. Complete Address \_\_\_\_\_
3. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Name and Phone Number of Family Physician \_\_\_\_\_
5. **LIST ANY & ALL ALLERGIES:** \_\_\_\_\_
6. **LIST ALL CURRENT MEDICATIONS:** \_\_\_\_\_
7. Student's Health History: (heart condition, diabetes, asthma, any injuries) \_\_\_\_\_

**If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to camp or you will not be allowed to register!!**

8. Any restrictions/medical conditions the nurse needs to be aware of: \_\_\_\_\_
9. Year of last immunization/immunity: Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis \_\_\_\_\_  
Varicella/Chicken Pox \_\_\_\_\_
10. In case of an emergency, provide contact information so that you can be notified at all times. In case of an emergency, contact: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_  
Work Phone #: (    ) \_\_\_\_\_  
Cell Phone #: (    ) \_\_\_\_\_  
Pager #: (    ) \_\_\_\_\_
11. Secondary contact if above person can not be contacted.  
Contact: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_  
Work Phone #: (    ) \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Pager #: (    ) \_\_\_\_\_
12. Please **WRITE YES OR NO** to the following medications your child **may** or **may not be given**:  
Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Tums \_\_\_\_\_ Sudafed \_\_\_\_\_ Benadryl \_\_\_\_\_  
Maalox \_\_\_\_\_ Immodium \_\_\_\_\_ Tussin Cough Syrup \_\_\_\_\_ Glucose Tabs \_\_\_\_\_ Visine \_\_\_\_\_  
Neosporin \_\_\_\_\_ Hydrocortisone cream \_\_\_\_\_

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I can not be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian (Please Print)** \_\_\_\_\_

