



Wisconsin FFA Day of Service

Monday, June 8, 2009 State FFA Convention Madison, WI

Return registration forms to:

Beth J. Rieth
Day of Service Program Manager
8032 Valley Line Road
Oconto Falls, WI 54154

Postmarked by May 15, 2009

Registration Form

Fill out ALL areas completely. Please print legibly.

Last name _____ First name _____

Chapter _____ Advisor _____

Advisor's e-mail address _____

Sex (M/F) _____ Age _____ Birth date ____/____/____

Address _____

Phone number (____) _____

E-mail address _____

T-shirt size (circle one) Extra Small Small Medium Large Extra Large 2X

Site Preference

Please indicate your 1st, 2nd, 3rd and 4th choice of service sites below:

- City of Madison Parks Division
- Community GroundWorks at Troy Gardens WI
- Madison Area Food Pantry Gardens
- Second Harvest Foodbank of Southern Wisconsin

City of Madison Parks Division

The Parks Division maintains over 260 parks, one public swimming pool, 10 beaches, a botanical garden & conservatory, 14 conservation parks and more. Volunteer efforts include tree mulching, hiking trail repair, planting and weeding gardens, and prairie seed collecting.

Community Groundworks at Troy Gardens

On 31-acres of urban property, Troy Gardens integrates community gardens, an organic farm, a restored prairie and woodlands and mixed-income green-built housing. Volunteers provide help with weeding, planting, harvesting, mulching, and restoring a maple woodland strip and 3.5 acre prairie.

Madison Area Food Pantry Gardens

Help alleviate hunger by raising vegetables for Madison area food pantries and low income housing units. Volunteers plant, weed and harvest vegetables on five 1-acre garden plots. All of the produce is given free to the Madison Area Food Pantries and low income housing units.

Second Harvest Foodbank of Southern Wisconsin

This organization distributes food to more than 400 charitable programs that feed the hungry in 16 southwestern Wisconsin counties. A wide variety of projects are available ranging from sorting, inspecting and labeling cans to re-packaging cereal from bulk to family friendly packages.



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Parent Consent, Medical Release Form and Agreement to Accept Financial Responsibility

I grant permission for my son/daughter (name) _____ to participate in the State FFA Activity listed above. In doing so, I release the school corporation, school personnel, Wisconsin Association of FFA, host facility and staff, state FFA staff and volunteers and the FFA of all responsibility in the event of an injury or accident.

The undersigned, being parent/guardian of (name) _____ and having legal custody and who resides with me, does give consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States of America, and to consent to any X-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by any dentist licensed to practice in the United States of America.

I further agree that I will assume all expenses involved in such medical/dental procedures and will not hold the school corporation, school personnel or the Wisconsin Association of FFA liable for said expenses.

Printed Name (Parent or Legal Guardian)	Signature	Date
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Emergency Contacts (please indicate persons that will be available during the Day of Service.)

Name _____ Relationship to participant _____
Phone number(s) _____

Name _____ Relationship to participant _____
Phone number(s) _____

Please list any medical/dental conditions of which a medical doctor/dentist should be made aware:

Please list any allergies of which a medical doctor/dentist should be made aware:

Please list any medication(s) – prescription or other which are currently being taken:

Family Physician _____ Phone _____



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Personal Conduct Agreement

While participating in the Day of Service, managed by the Wisconsin Association of FFA ("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.

While participating in the 2009 Wisconsin FFA Day of Service I agree to:

- Ask questions and try to learn about my service site and their mission.
- Respect all other volunteers, chaperones and service site staff.
- Wear appropriate clothing including the provided Day of Service t-shirt. No short shorts or sandals.
- Use appropriate language at all times.
- Remember that I am representing the Wisconsin Association of FFA, my chapter, my community and myself.
- Work hard and have fun.

By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of the Day of Service, agree to abide by those behavioral expectations.

Printed Name (Participant)	Signature	Date
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In exchange for my child being allowed to participate in the Day of Service sponsored by the FFA and as the custodial parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

Printed Name (Parent or Legal Guardian)	Signature	Date
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Photography/Video Release

I grant the Wisconsin Association of FFA permission to photograph and/or videotape my child for possible appearance and inclusion in any of the FFA publications, promotional materials, on-air broadcasts or website or used in any other way that is deemed appropriate by FFA for education or for promotion of the Wisconsin Association of FFA.

I release FFA of any liability, claims, demands, damages, actions and causes of actions arising from or connected in any way with the use of the photographs and/or videotapes. I understand that my child will receive no compensation for participation, and that all photography and videotape resulting from participation will become the sole property of FFA.

I state that I am the parent or legal guardian of _____, and consent to all of the conditions listed above.

Printed Name (Parent or Legal Guardian)	Signature	Date
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OR

If you are 18 or older, please sign below on your own behalf:

Printed Name (Participant)	Signature	Date
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