



BOERNE HIGH SCHOOL

AGRICULTURE SCIENCE DEPARTMENT

WWW.BOERNEFFA.FFANOW.ORG

MRS. LEXIE SEAMAN MR. SEAN WARNER MRS. TANESSA SAWYER MS. KATHLEEN YOUNG



Boerne FFA Travel & Communication Release Form

BOERNE FFA / AGRISCIENCE DEPARTMENT PARENT TRAVEL PERMISSION FORM FOR PARTICIPATION IN SCHOOL SANCTIONED EVENTS DURING THE 2020-2021 SCHOOL YEAR AS A MEMBER OF THE BOERNE FFA / AGRISCIENCE DEPARTMENT.

STUDENT Full Name: _____ ID Number: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties and assignments made to members enrolled in the FFA / AGRISCIENCE CLASS. The mode of transportation will be Boerne ISD provided transportation.

- I. All students must abide by state, district and campus policies at all AGRISCIENCE/FFA sponsored events, whether held during normal school hours, after school hours, or on weekends and holidays.
- II. I understand that students who violate said policies will be subject to disciplinary consequences in accordance with the STUDENT CODE OF CONDUCT, including possible removal from future participation in FFA events.
- III. I understand that infractions to any of these said policies which include theft, vandalism, and possession of illegal substances will result in notification of parent/guardian and my child being returned to school at the parent's expense with no reimbursement of funds.
- IV. I agree to, and hereby, release Boerne Independent School District and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.
- V. During the course of the school year, it may be necessary for the FFA Advisor to text message your child's cell phone to apprise him/her of important information and vice versa. Text messaging is an easy way to send and receive information fairly quickly. As a rule, all text messaging/Phone Calls should occur between the hours of 7:00 a.m. and 7:00 p.m. However, there may be situations that require an advisor to text outside of that time frame. For instance, if students are scheduled to leave prior to 7:00 a.m. and there is a schedule change (i.e. rain delay or cancellation), the FFA advisor would notify the student as soon as information becomes available even if it is before 7:00 a.m.
- VI. All students are expected to follow all Boerne ISD COVID-19 protocols, including wearing a face mask and sanitizing their hands and areas.
- VII. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in FFA could present the risk of contracting COVID-19. While Boerne ISD takes every safety and preventative precaution, Boerne ISD can in no way warrant that COVID-19 infection will not occur through participation in council and troop programs.

VIII.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT YOUR CHILD HAS PERMISSION TO ATTEND BOERNE FFA / AGRISCIENCE DEPARTMENT EVENTS AND THAT THE BOERNE FFA ADVISORS HAVE PERMISSION TO CONTACT YOUR CHILD VIA PHONE CALL OR TEXT DURING THE EVENTS OR ACTIVITIES THAT YOUR CHILD IS PARTICIPATING IN THROUGHOUT THE YEAR.

Parent Signature: _____ Student Signature: _____

Boerne FFA Emergency Information

This form must be completed by the parent/guardian of each member. This form is required of all members of the FFA. This form must be updated yearly or in the event that any of the information should change. **WITHOUT THIS COMPLETED FORM, YOUR CHILD MAY NOT PARTICIPATE IN FFA ACTIVITIES.**

STUDENT'S NAME: _____ DATE OF BIRTH: _____ Grade Level: _____

FFA ACTIVITIES: _____

KNOWN ALLERGIES/SPECIAL INSTRUCTIONS: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE # _____ PARENTS HOME # (IF DIFFERENT) _____

MOM'S WORK # _____ DAD'S WORK # _____

MOM'S CELL # _____ DAD'S CELL # _____

PARENT'S EMAIL ADDRESS: _____

INSURANCE CARRIER: _____ PHONE # _____

NAME OF INSURED: _____ ID NUMBER: _____

GROUP # _____ PLAN # _____

EMERGENCY CONTACT: relative/friend who can be contacted in case of emergency when parent/guardian are unavailable.

NAME: _____ PHONE # _____ RELATION: _____

NAME: _____ PHONE # _____ RELATION: _____

FAMILY DOCTOR: _____ PHONE# _____

DENTIST: _____ PHONE# _____

IF, IN THE JUDGEMENT OF ANY REPRESENTATIVE OF THE SCHOOL, THE ABOVE STUDENT NEEDS IMMEDIATE CARE AND TREATMENT AS A RESULT OF ANY INJURY OR ILLNESS, I DO HEREBY REQUEST, AUTHORIZE, AND CONSENT SUCH CARE AND TREATMENT AS MAY BE GIVEN SAID STUDENT BY ANY MEDICALLY QUALIFIED REPRESENTATIVE. I DO HEREBY, AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL AND ANY SCHOOL REPRESENTATIVE FROM ANY CLAIM BY ANY SUCH PERSON OF SUCH CARE AND TREATMENT OF SAID STUDENT.

STUDENT'S SIGNATURE

DATE

PARENT/GUARDIAN'S SIGNATURE

DATE

THIS FORM IS FOR THE AGRICULTURE INSTRUCTORS OF BOERNE ISD. THIS FORM WILL ACCOMPANY THE AGRICULTURE TEACHERS WHEN PARTICIPATING IN FIELD TRIPS OR FFA EVENTS OFF SCHOOL PROPERTY.