



Cooperative Leadership Camp Registration

- checkbox Rising Sophomore, Junior or Senior
checkbox Letter of Recommendation from Sponsor or School
checkbox Willing to participate in Camp activities and workshops
checkbox Excited to learn about leadership and Cooperatives

Please print legibly

Student Full Name Preferred Name Male Female
Mailing Address
City State Zip Age at Camp
Date of Birth Home Phone Cell Phone
Parent Email Camper Email
School Contact email:
School Grade current Year of Graduation
Sponsor Coop:

(Sponsor is an organization member of the CCNC which is sponsoring the High Schooler to attend- they will cover the cost of attending)

Do you want to ride the bus to and from White Lake, NC? Yes No
Choose your bus stop location: Statesville Greensboro Raleigh Rocky Mount
If no, will you be driving yourself to camp or getting a ride? Driving self Getting ride
Tee Shirt Size: Small Med Large X-Large XX-Large

Consent and Release:

I grant the Cooperative Council of NC the right to use and / or distribute photographs, films and videotapes of my child for promotional use. I understand that pictures from the Cooperative Leadership Camp are used to promote its Youth Programs via newspaper, website, brochures and newsletter. I give my consent to the Cooperative Council of NC to use such items for promotional purposes only, including press releases to local newspapers on awards my child may receive at camp.

Parent / Guardian Signature Date
Camper Signature Date

Custody Release:

The following is for your child's safety. Please understand that all campers must checkout with a Counselor before departing camp. You may be asked to produce a photo ID at check-out if you are picking up your child. If camper is carpooling, please list name of person driving that vehicle. I give permission for my child (name) to be allowed to leave Co-op Camp and the FFA Center at the conclusion of the camp program into the custody of (name). If it is necessary for my child to leave before the end of the camp program due to illness, injury or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of (adult name) who can be reached at phone:

Parent Signature Date

Code of Conduct:

It is understood that the student will exhibit good conduct at all times and will abide by camp rules, which will be given to campers before arrival and at camp orientation. Major infractions of rules will constitute cause to notify parent / guardian and possible dismissal from camp. If dismissal because of conduct, parent will be required to pick up from camp during the same day.

Parent / Guardian Signature Date
Camper Signature Date



Cooperative Leadership Camp
Health and Medical Release Form

Student Full Name _____ Preferred Name _____ Male ___ Female ___

Parent / Guardian 1 Name _____ Cell Phone _____

Parent / Guardian 2 Name _____ Cell Phone _____

Other Emergency Contact Name _____ Cell Phone _____

Student's Physician _____ Phone _____

Student's Insurance Company _____ Policy # _____

Please list any physical conditions or medical requirements that should be considered in rendering medical treatment. _____

Please list any allergies (medicine, food, nature, etc.) _____

Please list any medications that the student takes regularly and will have at camp: _____

- Applicant is free from communicable disease and has not been exposed to such disease within a reasonable time period before attending the conference.
- It is understood that should the student require medical treatment while at camp, the Director is authorized to secure such treatment as she deems necessary.
- Medical expenses or accident claims over and above claims paid by insurance of the applicant of parent / guardian, have the following limits: Principal Sum = \$15,000; Injury = \$10,000; Sick = \$2,500.

I, the undersigned, do hereby give permission for my son / daughter to be taken to a physician or medical facility, recommended by the Cooperative Council of NC, should he / she require medical attention during the Cooperative Leadership Camp at the NC FFA Center at White Lake, North Carolina. I further give permission to competent medical personnel to administer such medical treatment and / or hospital care as needed including medications, injections, anesthesia, surgery and other proper treatments for my child as named above and that necessary information be released for insurance purposes.

Signed by Parent or Guardian _____ Date _____

Full Address _____

Cell Numbers _____



Cooperative Leadership Camp

Personal Data Sheet

Student Name _____ County: _____

Local Newspaper: _____ Newspaper Email: _____

School and Community Activities: (clubs, offices held, sports, church, service activities, etc.)

Honors and Special Achievements:

Hobbies, Talents and Interests:

Do you currently work? ___ Yes ___ No. If yes, where and what position? _____

Educational and Career Plans for the Future:

Other Information:

Signature _____ Date _____

Note- Once all paperwork for registration received by CCNC, a confirmation mailing will be sent out as well as further camper information for CLC. We are happy to answer any questions or concerns prior to CLC by contacting our offices at 919-834-5544