

## Brazosport FFA JUNIOR Membership Registration Form

**Annual Membership Dues: \$10 (see QR code >)**

**Paid:** Online BPHS Front Office Ag Teacher **Receipt #:** \_\_\_\_\_



**\*Communications will be sent out primarily through EMAIL, GOOGLE CLASSROOM & FFA NOW text messages (see QR code >).\***



### **Junior Member Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: 2 (at least 8 y.o.) 3 4 5 6 7 8 Shirt Size: S M L XL 2X 3X 4X

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: M F N/A Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Type: Rural Farm Rural Non-Farm Small City Urban / Suburban

### **FFA Jacket**

Do you own an FFA jacket? Yes No

Do you wish to purchase one? (\$85) Yes No

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### **Parent Information**

Primary Parent / Guardian Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

**\*This will be the primary emergency contact for the student above.\***

**\*\*Junior FFA members MUST travel with a PARENT / GUARDIAN to ALL SAE project shows (livestock, ag mechanics, agriscience fair, etc.).\*\***

**Brazosport FFA Membership Registration Form**

Secondary Parent / Guardian Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

**Acknowledgment of Responsibility and Permission for Student Participation**

Please list temporary or permanent physical limitations:

Please list any current medications (prescription or over the counter):

Please list any known allergies, including food, medication, environmental or animal allergies:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

PLEASE ALSO SEND A COPY OF INSURANCE CARD

**Chapter Constitution, By-Laws and Chapter Handbook Acknowledgement**

The Constitution, By-Laws and Handbook are posted on the Brazosport FFA Website:

<https://brazosport.ffanow.org/default.aspx?ID=46273>

I have read and fully understand this constitution, by-laws and Brazosport FFA chapter handbook. I agree to abide by the constitution, by-laws and handbook or face the consequences. I promise to uphold the principles of the Brazosport FFA chapter and remain a member in good standing.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Brazosport FFA Membership Registration Form**

I/We have also read and fully understand this constitution, by-laws and chapter handbook I/We are fully aware of the responsibilities my/our student will assume as a member of this organization. My signature below also indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Brazosport Independent School District has immunity from any liability. Transportation, if provided, will be by school bus or commercial carrier.

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

\_\_\_\_\_  
Date

**Brazosport FFA Permission to Travel Acknowledgement**

\_\_\_\_\_ I/We DO allow our student to travel with a BISD FFA Advisor or Chaperone for events under Brazosport FFA.

\_\_\_\_\_ I/We DO NOT allow our student to travel with a BISD FFA Advisor or Chaperone for events under Brazosport FFA.

In the event that emergency medical or dental treatment becomes necessary for my student while on the trip and I cannot be contacted, I authorize the school to obtain the necessary treatment.

I understand that all students participating in the trip are required to ride in transportation provided by the school. The school district will not be liable for injuries to students riding in vehicles not provided by the school.

I understand that the Brazosport Independent School District's rules and regulations regarding conduct and discipline apply while students are participating in the trip. Also, the student is required to follow any special rules developed for this particular trip. I understand that in order for my student to participate in major trips, he or she must comply with scholarship and eligibility requirements according to UIL guidelines.

I release the Brazosport Independent School District, its Board of Trustees, staff, and employees from any damages arising from this trip, except to the extent that liability may be imposed under Texas law. The Brazosport Independent School District, its Trustees, employees, and agents may still claim any governmental or professional immunities allowed by law. As parent or guardian, I agree to hold the District, its trustees, employees, and agents harmless from any damages that may result from my student's actions on the trip.

I have read and understood this permission form and I am signing it voluntarily and with full knowledge of its significance. I hereby give permission for my student to participate in this trip.

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

\_\_\_\_\_  
Date

Did any of the following officers talk to you about joining FFA or encourage you to join FFA? If so, please circle their name(s)!

President -

Vice President -

Secretary -

Treasurer -

Reporter -

Sentinel - N/A

Student Advisor - N/A