



Chuckey-Doak High School
Agriculture Department

Mr. Butler
Agriculture Teacher
FFA Advisor

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FFA Leadership Camp Information Sheet

When: Monday June 26th – Friday 30th
Departure: 8:30 AM Monday morning
Return: 4:30 PM Friday Evening

Where: Camp Clements – Doyle, TN (30 minutes south of Cookeville, TN)

Why: Camp Clements is a leadership/team development training facility. In fact, the word camp may be some what of a misnomer. Camp Clements is not a makeshift, temporary and/or vacation facility indicative of a 'camp.' Camp Clements is a modern, permanent leadership facility for Tennessee vocational students and teachers. Each week of FFA Camp hosts 200+ FFA members from all over the State. During this week students will network and build relationships, grow as young people, and have a blast!! The purposes of the facility are very specific and the student groups meet to achieve very worthwhile goals:

- Development of leadership/team skills in the individual through: officer's classes, public speaking classes and demonstrations, extemporaneous speaking contests, panel discussions, ceremonies, demonstrations, etc.
- Promotion of the attitude of cooperation
- Development of a patriotic attitude in the individual
- Encouragement of improvement in scholarship and creation of the desire for advanced knowledge
- Development of character in the individual
- Promotion of the attitude that good citizenship is a valuable trait in the individual

Contact Information:

5401 Sparkmantown Road
Doyle, TN 38559
Phone: (931) 657-2591
campclements@blomand.net

Additional Information:

- Cost \$180 (includes meals/housing/travel/T-shirt/etc.)
- Only additional money for travel meals or snacks (\$20 would take of this easy)
- Please submit money ASAP / limited spots available – **1st come 1st serve**
- **Deposit Due MAY 2nd (minimum \$100 / please try and pay full amt.)**

This packet includes:

- Greene County Permission Slip (please return)
- Camp Code of Conduct Form (please review and return)
- Medical Release/Public Policy Form (please return)
- Camp Schedule
- Camp Needs List

If lost, additional documents to print and return can be found on chuckey-doak.ffa.org under the "Camp Clements" tab.

Brett Butler, FFA Advisor

Camp Clements

SUGGESTED PERSONAL SUPPLY LIST

- Clothing appropriate for camp and various activities
 - Please follow school dress code where applicable
 - Comfortable clothes
- Extra Shoes (clothes toed shoes / tennis shoes)
- Official Dress
- Folder with paper and pencil/pen
- Swimsuit (One Piece) and towel
- Sunscreen
- Bag for dirty clothes
- Flashlight
- Rain Gear
- Bug spray
- Personal Grooming Items (brush, toothpaste, deodorant, soap, shampoo, etc.)
- Linens/Sleeping Bag/Blanket/Pillow
 - Twin Size Beds
 - Sleeping Bag and pillow is easiest
- Towels/Washcloths
- Money for drinks and snacks and pizza
 - meals are covered at the camp, but they do have snack machines
 - We will order pizza Thursday – normally \$5 or less (Supper still provided that night)
 - Will probably stop for a meal on the way down, and back – FAST FOOD
- Sports Equipment (Camp provides all necessary equipment but if you want to use your own you are welcome to do so)
- Fishing rod/Tackle
- Alarm Clock
- Watch

Tennessee FFA Leadership Camp- Camp Clements
Official Schedule

Monday

8:30 AM Meet at CDHS
9:00 AM Head to Camp
12:00 PM Lunch in Cookeville
1:00 PM Registration
3:30 PM Teachers Meeting
Auditorium
3:30 PM Camp Council Meeting
Classroom 1
5:15 PM Flag Lowering
5:30 PM Dinner
7:00 PM Night Session – Quiz Bowl
8:30 PM Recreational Time
10:45 PM Lights Out

Tuesday

6:30 AM Rise and Shine
7:15 AM Flag Raising
7:30 AM Breakfast
8:30 AM Clean-Up
8:30 AM Camp Council Meeting
8:45 AM Camp Picture -Softball Field
9:15 AM Officer Classes
10:00 AM Break
10:15 AM Specialty Classes
10:50 AM Break
11:00 AM LPS Classes
11:45 AM Break
12:00 PM Lunch
1:00 PM Rifle Range Meeting
1:30 PM Organized Athletics Begin
1:30 PM Quiz Contest- Preliminary
1:30 PM Running for State FFA Office
2:30 PM Ropes Course
5:15 PM Flag Lowering
5:30 PM Dinner
7:00 PM Night Session - Quiz Contest
8:30 PM Recreational Time
10:45 PM Lights Out

Wednesday

6:30 AM Rise and Shine
7:15 AM Flag Raising
7:30 AM Breakfast
8:30 AM Clean-Up
8:30 AM Camp Council Meeting
9:00 AM Officer Classes
9:45 AM Break
10:00 AM Specialty Classes
10:45 AM Break
11:00 AM LPS Class
11:45 AM Break
12:00 PM Lunch
1:00 PM Chapter Time
1:30 PM Organized Athletics Begin
1:30 PM Running for State FFA Office
2:30 PM Ropes Course
5:15 PM Flag Lowering
5:30 PM Dinner
7:00 PM Night Session - Talent Show
8:30 PM Recreational Time
10:45 PM Lights Out

Thursday

6:30 AM Rise and Shine
7:15 AM Flag Raising
7:30 AM Breakfast
8:30 AM Clean-Up
8:30 AM Camp Council Meeting
9:00 AM Officer Classes
9:45 AM Break
10:00 AM Specialty Classes
10:45 AM Break
11:00 AM LPS Class
11:45 AM Break
12:00 PM Lunch
1:30 PM Organized Athletics Begin
1:30 PM Running for State FFA Office
2:30 PM Ropes Course
5:15 PM Flag Lowering
5:30 PM Dinner
7:00 PM Night Session – Extemp Speaking
8:00 PM Reflections
8:30 PM Pizza
9:30 PM Dance
11:00 PM Lights Out

Friday

6:30 AM Rise and Shine
7:15 AM Flag Raising
7:30 AM Breakfast
8:30 AM Clean-Up
8:30 AM Camp Council Meeting
9:00 AM Awards Session
11:00 AM Trip Home/ Return to CDHS 4:30PM

Tennessee FFA

PERSONAL LIABILITY / MEDICAL RELEASE / PUBLICITY RELEASE FORM

Participant Information

| | | | |
|--------------------------------|--|--|---------------------------|
| Participant Name (first, last) | | Parent/Guardian Name | |
| Participant's Home Address | | Parent/Guardian Emergency Phone Number (required) () | |
| City, State, Zip Code | | Alternate Emergency Phone Number (required) () | |
| Home Telephone () | Participant Cell Phone () | Local Chapter/School Name (required) | |
| Age (if 18 and under) | Date of Birth (mm/dd/yyyy) / / | Check One <input type="radio"/> Male <input type="radio"/> Female | Location of School (city) |
| Advisor Name (required) | Advisor Cell (required) () | Participant Email Address (required) | |

Code of Conduct

Please review the **Code of Conduct** below. It is a privilege to attend An FFA conference or event and it is the responsibility of all participants to conduct themselves in a proper manner at all times. The guidelines in this Code of Conduct are the minimum behavior standards and individual schools' administration and/or chapter advisors may have additional policies and rules for their students to follow. Should that occur, the participant must meet both the school Code of Conduct and this state Code of Conduct.

1. All participants are expected to attend all applicable sessions of the conference/event.
2. All participants are expected to wear registration button at all times throughout the state convention.
3. All students will abide by the FFA Dress Code for the specific conference/event as indicated in the Tennessee FFA Career Development Event Handbook . Students will not be permitted to participate in a competitive event or receive an award or recognition on stage at any conferences if found to be out of indicated dress code. Students are to be fully clothed at all times outside of sleeping quarters, including movement between hotel rooms and to/from swimming/spa areas. Pajamas are not allowed outside of hotel rooms.
4. Students will not consume or have in possession any alcoholic beverages, prescription medications not prescribed to the student, tobacco or smoke products, including electronic cigarettes and paraphernalia of any kind. Follow your school/district policy for handling of prescription medications and list these on the medical section of this form.
5. Any type of weapons and toy replicas of weapons are prohibited, including water guns, paintball guns, and other items that are intended to cause harm, damage, or disruption of a business-like atmosphere. Gambling is also prohibited.
6. All participants will behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or FFA. Conduct unrelated to an educational conference or business environment will not be tolerated. Examples include but are not limited to the following: disrupting a session or event; interaction with non-conference individuals; or any activities that may endanger self or others.
7. All students will be in their own rooms by the established curfew for the event. Students must have the permission of the advisor to visit the room of students of the opposite gender. It is the advisor's responsibility to ensure compliance with these issues.
8. Students will keep their advisor informed of their activities and whereabouts at all times. Accidents, injuries or illnesses must be reported to the State staff or delegated representative for the event.
9. Students will not use portable stereos or other loud music- or noise-making devices outside of their rooms. If used in their rooms, volume should be low as to not disturb nearby guests.
10. Conference participants are guests of the hotel, convention center, or other venue for the conference/event and must not deface or destroy the property. All types of roughhousing including throwing items out of the windows will not be tolerated. All trash including pizza boxes, bottles, cans, etc. must be placed in the proper receptacles and not left in the hallways or meeting rooms. Any repairs or replacement costs due to damage or loss that occurs due to their stay will be the responsibility of the individual (s) and/or parent(s) or guardian.
11. The local advisor is responsible for the supervision of their students' conduct. Any participant who disregards this Code of Conduct will be subject to disciplinary action. All rule infractions requiring disciplinary action will result in the participant being sent home at the expense of the participant and/or parent(s) or guardian.

I have read, understand, and agree to abide by this Code of Conduct.

Medical Information

| | | |
|--|--------------------------------------|---|
| Is Participant Covered by Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No | | Name of Person Responsible for Participant's Medical Bills |
| Insurance Company | Name of Insured | Relationship to Student of Responsible Party <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other _____ |
| Insured's HOME Phone No. () | Insured's CELL Phone No. () | Participant Medical History (check all that apply) <input type="radio"/> Yes <input type="radio"/> No Allergies? (list) _____ <input type="radio"/> Yes <input type="radio"/> No Diabetes? _____ <input type="radio"/> Yes <input type="radio"/> No Epilepsy? _____ <input type="radio"/> Yes <input type="radio"/> No Heart /Lung Problems? _____ <input type="radio"/> Yes <input type="radio"/> No Other; if yes, please explain: _____ |
| Insured's Plan Number | Insured's Group Number | |
| Name of Physician | Physician's Phone Number () | |
| Does participant have a disability that meets criteria specified by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No (We will contact you if necessary.) | | |
| | | Medications: (list) _____ |

Liability / Medical Release: I certify that the information above is accurate and complete to the best of my knowledge. I hereby agree to release the Tennessee Department of Education and the National and State Association of FFA and their representatives, agents, and employees from liability for any injury to said minor child/adult participant resulting from any cause whatsoever occurring to said child/adult, at any time, while attending any of the organization's regional/district/state meetings and events, including travel to and from.

Parent / Guardian / Responsible Party: Please check one of the following, sign and date that you are aware.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. I understand that you will notify me and/or any person(s) listed above as soon as possible.
- I DO NOT give permission for medical treatment until I have been contacted.
- I am aware that it is my responsibility to submit updated medical information to the chapter advisor if needed prior to each event occurring during the 2014-15 school year.

Note to Parent / Guardian: If applicable, please send a copy of your insurance card with your child.

Publicity and Website Permission

The State of Tennessee, Department of Education (TDOE) website and the Tennessee FFA website are two of the primary modes of communication for our students, instructors and others. We understand the global nature of the Internet and concerns for protection and privacy; accordingly, we ask your permission to use images of your child within the TDOE and/or Career and Technical Student Organization publications and/or website should we desire. Images of students, instructors, Department of Education employees, parents, and others used in publications and on our website may be included when they are involved in projects, when they are in groups (classrooms, conferences, activities, contests, or chapters), or when their student group receives recognition at the local, district, regional, state, or national level. The website will not include last names, but will use a student's first name only for that student's protection; however, publications may use the student's entire name.

Permission to Use Student's Image: Please check the box indicating that you are granting this permission.

Do not check the box if your intent is to WITHHOLD permission.

- I hereby grant permission to use my child's image, name, and/or selected school materials (projects, papers, art work) in publications and on the Department of Education web site.

| | | |
|---|---------------------------------|---------------------------------|
| STUDENT SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) |
| | / / | / / |
| PARENT / GUARDIAN / RESPONSIBLE PARTY SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) |
| | / / | / / |

NOTE: Participants under the age of 18 must be signed by a parent or legal guardian.)

| | | |
|---------------------------|---------------------------------|---------------------------------|
| ADVISOR SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) |
| | / / | / / |

Student Code of Conduct

Student: Please read the following Code of conduct. If you agree and are willing to comply with all of the expectations of the Code of Conduct and summer Camp Program, please sign at the bottom of the page.

Parent/Guardian: Please read the following Code of Conduct. Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

As a Member of a chapter attending Camp Clements, I agree that:

- I will participate in all aspects of the camp program and to follow the daily camp schedule.
- I will conduct myself appropriately at all assemblies and activities.
- I will be challenged to have fun and participate in Leadership activities.
- I will display sportsmanship in competitive events.
- I am representing my chapter and my school, and I will conduct myself accordingly.
- I will show respect towards other campers, advisors, and staff.
- I will follow instructions from ANY advisor, adult supervisor, or camp staff.
- I will only use the recreation areas at the scheduled times. I will follow the policies given at that area.
- I will assume camp personal responsible for any equipment I use and I will pay for any loss or breakage.
- I will respect the camp property.
- I will not bring or use any form of tobacco, alcoholic beverages, illegal drugs, or fireworks while at camp.
- I will wear appropriate clothing (covering the body for the shoulders to mid-thigh) at all times. I will not wear inappropriate advertising on clothing, including illegal drugs, alcohol, tobacco, sex, or violence.
- I will wear an appropriate one-piece swim suit suitable for leadership camp.
- I will not enter any cabin(s) that are housing members of the opposite sex.
- I will be in my assigned cabin after curfew.
- I will not participate in any act of violence. I understand that acts of violence will not be tolerated and that firearms and weapons, including knives, are prohibited at leadership camp. Any use of inappropriate language, conduct, or harassment is prohibited at leadership camp.

Failure to meet with these standards will result in these steps:

My advisor will be notified of your inappropriate conduct. I may be asked to call my parents/guardians and report my conduct not in compliance with these guidelines. At the Advisor's and/or Director's discretion, this may result in parents/guardians arranging transportation home. Inappropriate conduct will result in forfeiting any leadership points or awards.

Student Commitment:

I, _____ have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

Name of Student: _____ Chapter: **Chuckey-Doak**

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

NOTE: This form MUST BE TURNED IN during registration to the Camp Director

PARENTAL PERMISSION FOR FIELD TRIP GREENE COUNTY BOARD OF EDUCATION

Field Trip Information: *(To be completed by the school)*

| | | | |
|--|--|----------------------|--|
| Purpose: | TN FFA Leadership Camp – Camp Clements | | |
| Destination: - | Doyle, TN | | |
| Date of Trip: June 26 th – 30 th | Departure Time: 8:30 AM | Return Time: 4:30 PM | |
| Type of Transportation: School Bus/Rentals | Number of Chaperones: 3 | | |
| Personal Expenses per students: \$180 (additional \$\$ for travel meals – 2 max. All other meals and expenses are covered with the camp payment) | | | |
| Teacher(s) Responsible: Larkin Clemmer, Brett Butler, Carole Thornburg (student parent) | | | |
| | | | |
| School: Chuckey-Doak High School | School Phone Number: 423-798-2636 | | |
| Date Field Trip Form Distributed: 4/19/2017 | | | |

Parent Release Statement and Permission: *(To be completed and signed by parent/guardian before student can attend trip)*

I understand the arrangements for this field trip. In addition, I believe that the necessary precautions and plans for the children’s care and supervision will be exercised. Beyond this, I will not hold the school or those supervising the trip responsible.

In the case of an emergency or illness, I give permission for Greene County School personnel to obtain medical services for my child. Permission is also given to the attending physician and/or medical institution to treat him or her.

Child’s Current Medication, Medical Conditions, and/of Food or Medicine Allergies: _____

My child _____ has my permission to participate in this field trip.

Name of Student

Name of Parent(s) or Guardian(s): _____

Printed

Signature of Parent(s) or Guardian(s): _____

Phone Contacts for Parent/Guardian:

Date: _____

| Name | Phone Number |
|------|--------------|
| | |
| | |
| | |
| | |

*Note: Field trips are normal school activities and all rules of conduct and penalties for violation will apply

T-SHIRT SIZE: S, M, L, XL, XXL

circle one