

**SCUCISD  
AGRICULTURE SCIENCE DEPARTMENT  
FORMS**

The following forms must be returned by **September 28, 2018**.  
All forms will be put on file in the Agriculture Department for referral.

Please make all payments for Dues and SAE Fees on My School Bucks.  
**www.myschoolbucks.com**

**Forms to be completed and returned to Ag Teachers:**

**All Members:**

- Cibolo Creek FFA Student Information Sheet
- Receipt of SCUC ISD Agriculture Science Policy Handbook Form
- SCUCISD Agricultural Science Department Transportation Consent Form
- Cibolo Creek FFA Member medical release form

**Members with Animal Projects at Toby Connor Complex:**

- Cibolo Creek FFA Student Information Sheet
- Receipt of SCUC ISD Agriculture Science Policy Handbook Form
- SCUCISD Agricultural Science Department Transportation Consent Form
- Cibolo Creek FFA Member medical release form
- SCUCISD Toby Connor Ag. Complex Handbook and Usage Agreement

**FFA MEMBER EXPENSES**

**FFA DUES:** The FFA dues are \$25 per member per year. The price of the dues pays for each student to be a member on the local, district, area, state and national levels. Dues provide each member with a National FFA magazine subscription, meetings, refreshments, guest speakers, and all other chapter activities. Students must pay FFA dues if they plan to participate in any FFA contest, activity, livestock show, field trips, etc, or plan to apply for scholarships or awards through FFA.

**THE FORMS ON THE NEXT PAGES SHOULD BE COMPLETED AND RETURNED  
WITH RECIEPT PAYMENT TO THE AGRICULTURE TEACHER BY  
SEPTEMBER 28<sup>th</sup> 2018.**

It is the policy of SCUCISD not to discriminate on the basis of age, race, religion, color, national origin, sex or handicap in its CTE programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

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## **CIBOLO CREEK FFA STUDENT INFORMATION SHEET**

**Please print & Write Legibly! To be completed by student and parents.**

### ***Student information: To be completed by ALL members***

Student's Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

School ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_

Student email address (if available) \_\_\_\_\_

### ***High School Student Information: To be completed by High School Members ONLY***

Ag. Class(es) enrolled in: \_\_\_\_\_

Ag Class Period(s): \_\_\_\_\_ Ag Teacher(s): \_\_\_\_\_

### ***Parent Information: To be completed by ALL members***

☐ **Primary Contact**

Father's FULL Name: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

☐ **Primary Contact**

Mother's FULL Name: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

**FFA Dues \$25.00**

**MY SCHOOL BUCKS CONFIRMATION FOR 2018-2019 DUES \_\_\_\_\_**

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**2018~2019 Receipt of Schertz Cibolo Universal City ISD**  
**Agriculture Science Policy Handbook**

**By signing this document, the student and parent/legal guardian agree to having read and understand the Schertz Cibolo Universal City ISD Agriculture Science Policy Handbook and agree to abide by the terms listed within.**

**Student: (Printed Name)** \_\_\_\_\_

**Please initial by each statement.**

- \_\_\_\_ 1. I agree to abide by the rules and the guidelines set forth in the "SCUCISD Agricultural Science Policy Handbook".
- \_\_\_\_ 2. I understand the handbook can be found on the CCFFA website and that I can ask a teacher for a printed copy.
- \_\_\_\_ 3. I have read, understand, and agree to abide by the terms. I agree to conduct myself in a responsible manner at all times as a member of the Cibolo Creek FFA.
- \_\_\_\_ 4. I understand that failure to comply with these criteria may result in forfeiting my privilege to participate in the FFA.
- \_\_\_\_ 5. I understand that all dues, fundraiser payments, SAE and entry fees are non-refundable.
- \_\_\_\_ 6. I understand and will follow the chain of command as discussed in the handbook on page 5 under General Rules.

**Parent/Legal Guardian (Printed Name):** \_\_\_\_\_

**Please initial by each statement.**

- \_\_\_\_ 1. I agree to abide by the rules and the guidelines set forth in the "SCUCISD Agricultural Science Policy Handbook".
- \_\_\_\_ 2. I understand the handbook can be found on the CCFFA website and that I can ask a teacher for a printed copy.
- \_\_\_\_ 3. I have read, understand, and agree to abide by the terms. I agree to conduct myself in a responsible manner at all times as a member of the Cibolo Creek FFA.
- \_\_\_\_ 4. I understand that failure to comply with these criteria may result in forfeiting my privilege to participate in the FFA.
- \_\_\_\_ 5. I understand that all dues, fundraiser payments, SAE and entry fees are non-refundable.
- \_\_\_\_ 6. I understand and will follow the chain of command as discussed in the handbook on page 5 under General Rules.

**This document is binding and non-negotiable.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Contract is valid one calendar year from signature date or until and new contract is signed.**

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## Cibolo Creek FFA Medical Release Form

### **Cibolo Creek FFA Member medical release form**

- It is necessary that all FFA members complete this form to be eligible to attend/participate in activities sponsored by the Cibolo Creek FFA Association. This form should be returned to a Cibolo Creek FFA Advisor.

PLEASE PRINT LEGIBLY

**FFA Member Name:** \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian/Telephone: Home: \_\_\_\_\_ CELL: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Telephone: Home: \_\_\_\_\_ CELL: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address \_\_\_\_\_

Student is covered by group or medical insurance: Yes No (Circle one)

If yes, complete the following information:

Name of insured: \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please list/describe any specific medical issues that the student may have that would require immediate attention: (i.e. seizures, allergic reactions, heart condition, migraines, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If currently taking prescription or over the counter medication, please provide the following:**

Name of medication(s): \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Does the student carry an EpiPEN? \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my Knowledge. I understand that each individual is responsible for his/her own insurance coverage during FFA trips.

I hereby release the Schertz Cibolo Universal City ISD, Schertz Cibolo Universal City ISD Staff, Cibolo Creek FFA, and any designated individual in charge of the FFA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending Physician and/or Agriculture Teacher. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give my permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable for members under the age of 18 and must be signed by the parent or legal guardian.)

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCUCISD AGRICULTURE DEPARTMENT**  
**TRAVEL/ TRANSPORTATION CONSENT FORM**

It is often necessary for an agriculture science teacher to provide transportation for a student enrolled in agricultural science classes for the purpose of participation in school sponsored activities, to check animal projects or for other reasons dealing with school business. Such transportation may be in the teacher's personal vehicle, school vehicles, rented vehicles or public transportation. Activities may occur before, during or after school hours. By agreeing to the statement below, you hereby release the teacher and the SCUCISD from any liability in case of accident while involved in such activities. If you do not agree to this release, please indicate below as well. New approval is required each school year.

Please Print:

Student name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

School: \_\_\_\_\_

<b>Travel/Transportation Consent:</b>										
<p>I have read the above statement and agree to the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 30%; text-align: center;">Agree</td> <td style="width: 30%; text-align: center;">Disagree</td> </tr> <tr> <td>Transportation consent</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">_____ Signature of Student</td> <td style="width: 40%;">_____ Date</td> </tr> <tr> <td>_____ Signature of Parent</td> <td>_____ Date</td> </tr> </table>		Agree	Disagree	Transportation consent	_____	_____	_____ Signature of Student	_____ Date	_____ Signature of Parent	_____ Date
	Agree	Disagree								
Transportation consent	_____	_____								
_____ Signature of Student	_____ Date									
_____ Signature of Parent	_____ Date									

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