

## Yoakum FFA Membership Form 2023-2024

### Student Information (please print) Member Name:

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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Current Grade: \_\_\_\_\_

Ethnicity: Asian Black Filipino Hispanic Native American White Other

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

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

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

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

Is there a specific team/project/activity that you are interested in?

\_\_\_\_\_

### Parent/Guardian Information (please print)

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

**Yoakum FFA Membership Forms along with JR FFA Dues are to be returned to Ms. Johnson with payment no later than October 1, 2023.**

(Make checks to Yoakum FFA) \$10.00 Membership (Jr.): Includes District, Area, State, & National dues.

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Yoakum FFA Release Form Emergency Information: Person to call in case of any emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physicians Name \_\_\_\_\_

I consent to the FFA Advisor treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records to those injuries to advisors, coaches, school staff or other qualified health care providers as deemed necessary within their scope of practice.

I further understand that in case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student member being a minor, but that, if necessary, the student-member will be transported via ambulance to the nearest hospital.

Please list below any health concerns, medications, or allergies that may be important for the FFA Advisor or coach to know.

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#### **Photo Release**

We often take pictures during class of class activities and add them to our website/social media. If you would not like your student's picture to be taken & posted online please check accordingly:

\_\_\_\_\_ I do give permission for my student's picture to be uploaded to the FFA website/ social media

\_\_\_\_\_ I do not give permission for my student's picture to be uploaded to the FFA website/ social media