

**FFA CODE of CONDUCT**  
**FOR CAPITOL FFA MEMBERS ATTENDING FFA SANCTIONED ACTIVITIES**

Attendance at any FFA sanctioned conference or activity is a privilege. The following conduct policies will apply to all members: students, advisors and any other authorized persons attending this conference/activity. This form should be signed by each student attending a FFA activity and brought to Mr. Mann, Capitol FFA Advisor. Forms should be kept on file in the local school district after the conference. Forms related to code of conduct and medial releases are the responsibility of the local FFA advisor and/or designated chaperone; not the state FFA association.

**THESE RULES WILL BE STRICTLY ENFORCED.**

1. Members shall abide by rules, practices of FFA at all times, from the time they leave home until they return home. Members shall respect and abide with the authority vested in the FFA organization. Further clarification of the Code of Conduct can be found in the FFA Conduct Handbook which is available from FFA advisors. Should a Code of Conduct violation occur, regardless of when exposed, that student(s) may not be able to attend any other FFA activity/conference during that school year and may be subject to local school rules/regulations.
2. Student members shall:
  - a) keep their adult advisors informed of their activities and whereabouts at all times;
  - b) not use their own cars or ride in cars belonging to others during the conference, unless accompanied by an authorized advisor.
3. Social activities other than those with conference participants are prohibited.
4. No alcoholic beverages or illegal drugs in any form shall be possessed or consumed by delegates at any time or under any circumstances on public or private properties.
5. If you are in the willful companionship of someone who violates any portion of the conduct code, or if you fail to report any direct knowledge (other than hearsay) of the conduct code violations, you are also subject to disciplinary action.
6. Dress regulations established for the conference shall be recognized as dress appropriate for a professional atmosphere. (See FFA Manual for dress code).
7. Student members shall:
  - a) meet the standards of housing facilities;
  - b) make long distance calls collect or pay for prior to check out;
  - c) not throw objects out the window or into the hallway;
  - d) not move hotel furniture from their respective rooms (i.e., onto the balcony);
  - e) follow hotel rules and regulations.
8. The cost of defacing any public or private property will be paid for by the individual(s) or chapter responsible.
9. Room doors must be visibly open whenever a chaperon is not in the room and a person of the opposite sex is present in the room.
10. Curfew regulations shall be interpreted to mean:
  - a) you must be in your room as stated in the conference agenda;
  - b) the noise level will be inaudible by anyone passing in the hall;
  - c) room-to-room telephone calls will cease;
  - d) no delivery of food to rooms.
11. Members are required to attend all general sessions and activities assigned including workshops, competitive events, committee meetings, etc., for which they are registered, unless engaged in some specific assignment taking place at the same time.
12. When signing below, I am giving my child permission to swim in lakes, swimming pools, and participate in water activities such as floating a river or canoeing/kayaking.

The Nevada FFA Association is not directly responsible for students attending events sanctioned by the state association. Local school districts and designated advisors/chaperones are responsible for the oversight and management of their students. Local management also includes securing proper insurance and medical waivers as designated by a chapter's local school board.

**CODE OF CONDUCT ENDORSEMENT, PERMIT TO ATTEND FFA SANCTIONED ACTIVITY,  
RELEASE OF CLAIM FOR DAMAGES AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION\***

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ FFA Activity \_\_\_\_\_

Name of High School \_\_\_\_\_ Phone \_\_\_\_\_

Advisor(s) in charge Mr. Mann and Ms. Glocknitzer

This is to certify that \_\_\_\_\_ has my permission to attend above named FFA activity. I also

do hereby, on behalf of \_\_\_\_\_ absolve and release the school officials, the FFA chapter advisors, Nevada State FFA and/or the Nevada State FFA conference staff from any claims for personal injuries which might be sustained while he/she is en-route to and from or during the FFA sponsored activity providing that this agreement shall not apply to any injury arising out of sole negligence of the preceding parties.

I authorize the above named advisor to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these costs. I also authorize that the advisor is able to give Ibuprofen or Tylenol to my student.

We have read and agree to abide by the FFA Code of Conduct. Further clarification of the Code of Conduct can be found in the FFA Official Manual which is available from FFA advisors. Should a conduct code violation occur, the State FFA Board of Directors may be called (per the FFA constitution) with ultimate punishment of being disqualified and sent home at the participant's expense and/or being removed from office if in officer status. Reasonable care shall be exercised to insure the safest and most expedient and financially feasible mode of transportation back to the home community of the delegate involved. I am aware of the consequences that will result from violation of any of the above guidelines.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information \_\_\_\_\_

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever \_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family doctor \_\_\_\_\_

Parent/Guardian phone: Work Home \_\_\_\_\_

Insurance Information (company name) \_\_\_\_\_

Coverage \_\_\_\_\_

Policy number \_\_\_\_\_

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

Date \_\_\_\_\_

*\*Local school district form(s) for medical release/waiver take precedence over this form.*

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