

RESOURCE CONSERVATION WORKSHOP

MEMORANDUM

To: Parent /Guardian of Students Attending the 2015 Resource Conservation Workshop

From: Pat Harris, Director
Division of Soil & Water Conservation

Date: April 1, 2015

RE: 2015 Resource Conservation Workshop

We are happy that your son/daughter has been selected to attend the 2015 Resource Conservation Workshop. His/her selection was based on their leadership, accomplishments and interest in natural resource conservation and management. This workshop is designed to be a *unique learning experience*. We hope your son/daughter enjoys this week of classroom and onsite learning. Please prepare them for this week by helping them understand the purpose of the workshop, and ensuring they arrive ready to participate in all activities planned during the week. The enclosed packet of information has been prepared for the student's review before and during the workshop. Please thoroughly review this material with your son/daughter.

Registration will take place at NCSU on Sunday, June 21, 2015 between 3:00 p.m. and 5:00 p.m., at Bragaw Residence Hall. Parents and guardians will be able to leave after their son/daughter is registered. Please complete the attached forms and bring to registration at Bragaw Residence Hall.

As with any organized activity, there are several details that must be carefully planned. Five of these are as follows:

1. MEDICAL CONSENT FORM / MEDIA RELEASE FORM

We need to be prepared to care for your son/daughter in the case of injury or sickness. In order for your son/daughter to receive medical treatment at the NCSU Student Health Service during the event, you must complete and sign the Medical

Consent Form. If you refuse to sign this form, your son/daughter will be denied medical treatment.

This form also allows for the photos, video, and audio taken during the workshop to be used in educational, promotional, and/or marketing materials.

Your son/daughter must BRING THIS CONSENT FORM TO THE REGISTRATION DESK ON SUNDAY. PLEASE DO NOT MAIL THIS FORM TO NCSU OR TO THE DIVISION.

2. RULES AND REGULATIONS FORM

This form has many important rules that you need to know and your child must follow. Please DO NOT MAIL THIS FORM to NCSU or the Division. BRING IT TO THE REGISTRATION DESK ON SUNDAY along with the other forms.

3. NCSU PROPERTY RELEASE FORM

This form enables the student to participate in activities on NCSU's Research Farms for compliance with current health regulations for human and animal safety. BRING IT TO THE REGISTRATION DESK ON SUNDAY along with the other forms, *UNLESS DIRECTED TO MAIL EARLY* on page 6.

4. AWARDS PRESENTATION - FRIDAY, JUNE 26, 2015 AT 11:30 A.M.

An awards presentation and lunch is planned for Friday, June 26, 2015, at the Jane S. McKimmon Center. All participants will be recognized with certificates. Special awards will be presented to those attaining the highest scores on the final examination.

Parents are invited. Please let us know if you plan to attend the awards presentation by filling out the attached form and providing it to the registration desk.

**PLEASE BRING ALL COMPLETED FORMS TO THE REGISTRATION
DESK ON SUNDAY, JUNE 21, 2015**

cc: Soil & Water Conservation District Offices
Regional Coordinators

**PARENTAL CONSENT/MEDICAL INFORMATION FORM/MEDIA
NORTH CAROLINA STATE UNIVERSITY**

NAME OF CAMP: 2015 RESOURCE CONSERVATION WORKSHOP

DATE OF CAMP: June 21 - June 26, 2015

Name of Student: _____

Home Address: _____

Parents' Name: _____

In case of emergency, we must be able to contact you. Please list a home and work phone number where you could be reached.

Father's Home# _____ Mother's Home # _____

Work: _____ Work: _____

All of the information below must be completed in full.

Allergies: _____

(Food, drugs, insects, etc.)

Special medical concerns or conditions: _____

(epilepsy, asthma, diabetes, old injuries to bones/joints, etc.)

Medication currently taking: _____ (dose and frequency)

Family physician:

Name: _____

Address: _____

Telephone: _____ Date of last tetanus booster: _____

Dear Parent/Guardian:

The law requires that parental permission be obtained for medical procedures performed on minors (under age 18). This consent form should be signed by the parents / legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, the undersigned parent/guardian of _____, hereby give permission to the attendant staff of North Carolina State University Student Health Services, or if it becomes necessary to an off-campus physician or hospital, to perform such diagnostic, therapeutic, and operative procedures for him/her as they deem necessary, and refer him/her to a physician when deemed appropriate. I authorize release of my medical information to an outside health professional when a referral is necessary. In addition, I authorize release of medical information to an insurance company, or intermediary, for payment of incurred charges

Signature of Parent or Guardian

Date

Video/Picture Release

We will be filming/taking pictures at the Resource Conservation Workshop Event(s) throughout the day. Your child's presence at the event constitutes your acknowledgement & agreement to his/hers presence in any filming that may occur.

**PLEASE BRING THIS FORM TO THE REGISTRATION DESK
ON SUNDAY, JUNE 21, 2015**

2015 RESOURCE CONSERVATION WORKSHOP

RULES AND REGULATIONS

1. There will be **NO** possession and/or use of alcoholic beverages and/or illegal substances. Your son/daughter will **NOT** be present where individuals are partaking of alcohol and/or any illegal substances.
2. **NO** possession of weapons or firearms allowed.
3. **NO** behavior that violates state or local laws.
4. **NO** throwing items or liquids from balcony or windows.
5. Do **NOT** remove or damage window screens.
6. Always travel in pairs. **NO** traveling alone. **Do not leave the campus without notifying your counselor.**
7. **NO** running in halls or on steps.
8. **BLUE LIGHTS = SECURITY**
If you are in need of security, just look for the security signal (blue light) located around campus.
9. You must be in **your** room by 10:00 p.m., and lights out by 11:00 p.m.
10. Do **NOT** pull fire alarms. This is a criminal offense.
11. "Lost key" charge is \$110.00. If you do not return your key, you will be billed for the \$110.00 charge.
12. Program Coordinators will make room assignments. Room assignments are designed to put students in rooms with students from other geographic regions of the state. Students will **NOT** be allowed to change room assignments.
13. If students drive to Raleigh, they will leave their car parked for the week unless they have prior approval from parents to Program Coordinators. Parking Permits are \$20.00 for the week.
14. Cell Phone Use Policy. All students and counselors may use these devices on campus **before activities begin and after activities end.** Students and counselors may use such devices during the lunch period. These devices must be kept **out of sight and turned off during the instructional program.** Unauthorized use of such devices disrupts the instructional program and distracts from the learning environment. Therefore unauthorized use is grounds for confiscation of the device by program officials, including classroom instructors. **Repeated unauthorized use of such devices may lead to disciplinary action.**

Students and parents are notified of this policy

We, the undersigned, have carefully read the foregoing release, know the contents thereof, and sign it as our own free act. Any infraction of the above may necessitate the participant's parent/guardian being notified, and the event supervisor(s) determining an appropriate penalty which may include the participant being sent home at parent's/guardian's expense.

_____ PARENT'S/GUARDIAN'S SIGNATURE

_____ PARTICIPANT'S SIGNATURE

Please turn this sheet in June 21, 2015 at the Registration Desk

NC Resource Conservation Workshop (For Year 2015 ONLY)
NCSU PROPERTY RELEASE FORM

(NOTE: This program is coordinated by the Soil Science Department. Contact person for the Workshop is Liz Driscoll, Extension Soil Specialist and/or Dr. Joe Kleiss, Department of Soil Science, NCSU.)

To: All Visitors to the Field Training Facilities at Lake Wheeler Farm

**From: University Field Laboratories
North Carolina State University**

REGARDING: PREVENTION OF FOOT AND MOUTH DISEASE

Due to the serious threat and potential damage to our animals and research capabilities, we must take very careful measures to prevent the introduction of this disease, which is caused by a virus. We assure you that Foot and Mouth Disease poses no threat to humans, and should not be confused in this respect with "Mad Cow" disease which also has posed problems, especially in Europe.

In accordance with our biosecurity measures to prohibit the introduction of undesirable pathogens to our herds, we request the following information be furnished:

Name (of Workshop student): Please PRINT): _____

Name (of Parent or Guardian): Please PRINT): _____

Family home address:

Name: _____

Mailing address:

Street: _____

City: _____ **State** _____ **ZIP** _____

Information Form

NOTE: In completing the form below, remember that we are asking you to think ahead to the day when you **ARRIVE** at NC State to begin the week long Resource Conservation Workshop. (This will be Sunday, June 21.) (Please complete whichever of the following statements that applies to you.)

As of June 21, when I would arrive for the Workshop:

Neither I, (your name) _____ nor any of my immediate family members, or people I live with, have been out of the USA in the last 14 days.

Your signature: _____

Date: _____

(Continuation of Foot and Mouth Disease)

NOTE: IF THE FOLLOWING APPLIES TO YOU, THEN PLEASE COMPLETE THIS PORTION AND IMMEDIATELY MAIL IT TO:

Elizabeth Driscoll, NC State University, Box 7619, Raleigh, NC 27695-7619.

As of Sunday, June 21, 2015, the following would apply to me:

I, or an immediate family member, or the people I live with, have visited the following country or countries, on or between the following dates:

Country/(ies) Visited	Date of entries to each	Date of departure from each

_____ Date: _____

(Your signature)

FOR YOUR INFORMATION:

The reason for such concern is that people can bring this problem to animals, because the virus can reside in the lungs of people. Just by normal respiration or a cough, a person can pass the virus into the air and it can be carried for miles to infect susceptible animals. All “cloven” hoofed animals can be infected. This applies to animals with two toes (Ex: cows, pigs, sheep, goats and deer).

If you or a family member has traveled outside the U.S., we want to carefully consider which countries were involved. We may still be able to permit you to come to the workshop, depending on a number of **factors specific to your case. That is why we request that if this applies to you, we must be made aware of it as soon as possible and prior to your arrival at the workshop.**

If the first portion of the form applies to you, simply complete that part of the form, sign it, and bring it with you to the workshop.

**PLEASE BRING THIS FORM TO THE REGISTRATION DESK ON SUNDAY,
JUNE 21, 2015**

2015
AWARDS PRESENTATION
PARENTS AND GUESTS ATTENDANCE FORM
FRIDAY, JUNE 26, 2015

Cost: \$12.00 for Each Non-Student

_____ Yes, we plan to attend the awards luncheon

_____ Number attending

NAME: _____

ADDRESS: _____

PARENTS / GUARDIAN OF: _____

**PLEASE BRING THIS FORM TO THE REGISTRATION DESK ON SUNDAY,
JUNE 21, 2015**