



To: Registered Summit Participants – Junior Session
From: Michelle Noggle, Youth & Education Coordinator
Date: Tuesday, July 9, 2024
Subject: 2024 AFR Leadership Summit

We are thrilled you are planning to attend 2024 AFR Leadership Summit!

Registration will take place on Friday, July 19, from 2:30–4:00 p.m., at the AFR Leadership Summit location – **Connors State College Student Union, 700 College Rd, Warner, OK 74469**. Junior session will conclude at 11:30 a.m. on Sunday, July 21. Students should bring toiletries, bathing suit, comfortable/casual summer clothes and shoes. Students must bring your own bath towels and full-size bedding including sheets, blanket/sleeping bag, and pillow. During summit, we will have a concession stand (Coop Store) available for campers to purchase water, pop, Gatorade, candy and cooperative owned items.

Enclosed you will find medical and personal release forms. Bring the completed forms with you to summit registration. We **must** have these documents on file in order for each student to attend any part of AFR Leadership Summit. In this packet, you will also find fliers for each theme night of summit and directions to Leadership Summit.

Sincerely,

Michelle Noggle
Youth & Education Coordinator
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405-218-5566

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AFR LEADERSHIP SUMMIT PRESENTS

DERBY DAYS

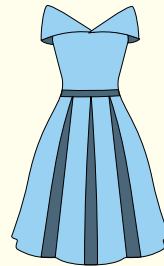
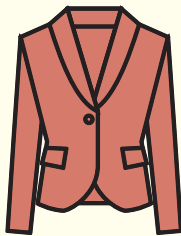


SATURADAY, JULY 20

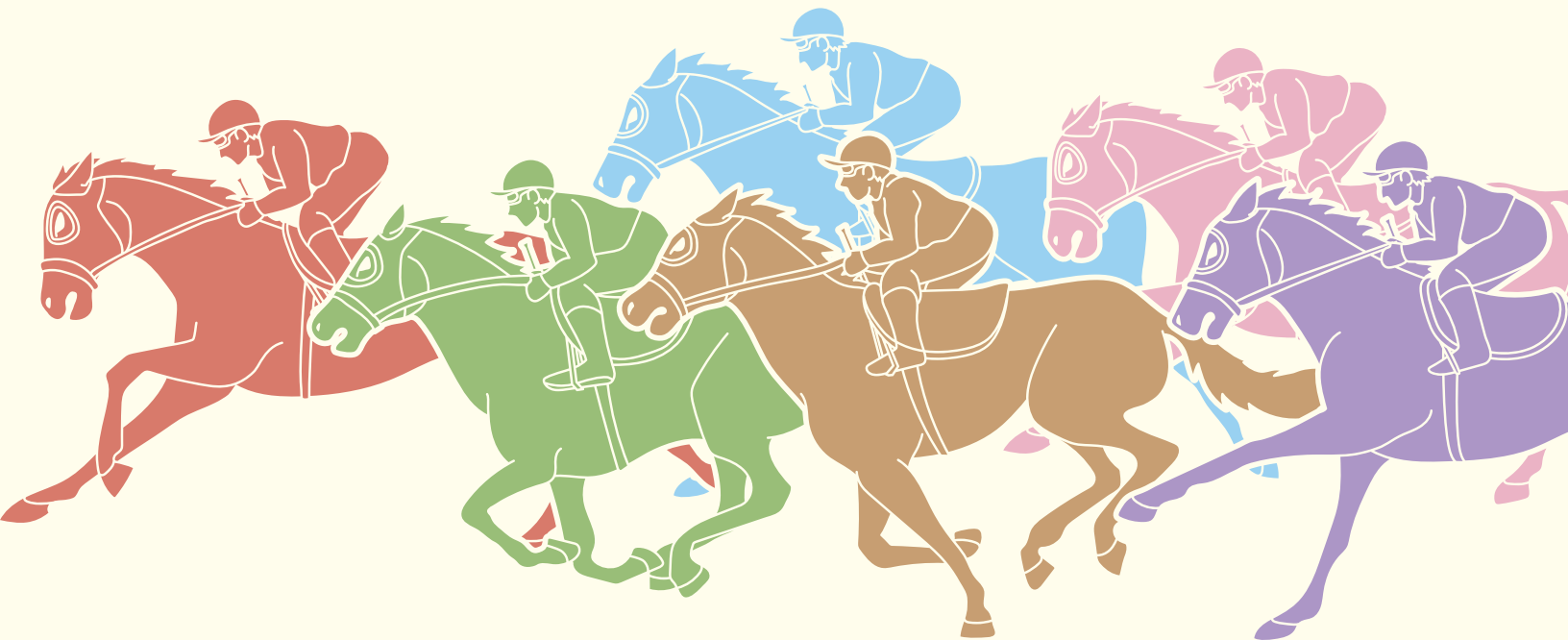
WITH MR. MARTIN AND WITH SIR LAWRENCE

ICONIC STROBE LIGHTS
CONTEST FOR BEST DRESSED AND BEST DANCE MOVES.

DRESS TO IMPRESS WITH TRADITION AND FLAIR.
DRESS TIPS... THINK SUNDAY'S BEST!



TIME TO DUST OFF YOUR DANCING SHOES!



IT'S A COSMIC CELEBRATION

GALAXY GAMES



WILL BE HELD ON

JULY 19

FRIDAY

7:30 PM



WEAR YOUR BEST
SPACE/GALAXY ATTIRE.



LEADERSHIP SUMMIT PRESENTS

Pajama Party

Saturday, July 20

WEAR YOUR FAVORITE PAJAMAS; GO ALL OUT OR
SHORTS AND TSHIRT... YOU CHOOSE

Service Project Day:
We will be making tie blankets for local nursing
homes, hospitals and shelters in the area.

WHAT TO BRING

JUNIOR SESSION

- MEDICAL RELEASE FORM
- PERSONAL/PHOTO RELEASE FORM
- SCHOOL APPROPRIATE CASUAL SUMMER CLOTHES
- THEME NIGHT ATTIRE:
 - GALAXY: GO OUT OF THIS WORLD OR GO CASUAL... YOU DECIDE
 - PJ PARTY: WEAR YOUR CAMP APPROPRIATE PAJAMAS
 - DERBY DAYS: WEAR A BIG HAT OR SPORTS COAT
- JACKET FOR COOL EVENING ACTIVITIES
- GYM CLOTHES AND SWIM SUIT (IF PARTICIPATING IN ACTIVITIES)
- COMFY SHOES AND CLOSED TOE SHOES
- EXTRA SPENDING MONEY FOR AFR COOP CONCESSION STORE (NOT REQUIRED)
- FULL SHEETS, BLANKET AND PILLOW
 - *BEDDING NOT PROVIDED, PLEASE BRING YOUR OWN TOWELS AND TOILETRIES

*FEMALE CAMPERS WILL NOT BE ALLOWED TO WEAR SHORT SHORTS, SHORT TOPS SHOWING ANY SKIN OR SPAGHETTI STRAPS. MALE CAMPERS WILL NOT BE ALLOWED TO WEAR CUTOFFS OR TANK TOPS. NO SHIRTS WILL BE ALLOWED THAT HAVE SUGGESTIVE OR INAPPROPRIATE WORDS, PICTURES OR LOGOS.

Authorization for Medical Care of a Minor

I/We, the undersigned parent(s) or legal guardian of the minor listed below:

(Minor's Name) *Please Print*

(Minor's Birthdate)

do hereby authorize AFR Cooperative to consent to any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by/from the nearest licensed medical facility that may be rendered to said minor under the general, specific, or special consent of the AFR Leadership Summit staff, the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of a licensed physician or dentist, or at another licensed medical facility. I/We, authorize the physician or dentist to call in any necessary consultants, at his/their discretion. I also authorize officials to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical, dental, or surgical treatment.

The above named child is currently covered by the following medical/hospitalization plan: _____

_____ Group/Policy Number _____.

The undersigned agree to cooperate with AFR Cooperative in the preparation, execution and processing of any and all paper work necessary to submit claims for any medical care, surgical care and prescriptions provided to the child under this authorization. As the parent or guardian of the child, the undersigned agrees to be responsible for all costs incurred for medical care provided to the child not covered by insurance and agrees to indemnify and hold AFR Cooperative harmless for any and all costs incurred in securing medical care and treatment for the child as defined above.

This consent shall become effective on the first day of the AFR Leadership Summit my child is attending and shall terminate upon return of the minor child to my custody, unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child.

X _____ Date _____
Signature of Parent or Legal Guardian

Are you currently taking any prescribed medication? _____

Allergies _____

Allergic reactions to certain drugs or foods _____

Date of Last Tetanus Shot _____

Any medical conditions we should know in case of a medical emergency? Please explain:

PLEASE ATTACH A PHOTO COPY OF INSURANCE CARD

Authorization for Medical Care of a Minor

Father's Signature

Mother's Signature

Father's Home Address

Mother's Home Address

Father's Home Phone Number

Mother's Home Phone Number

Father's Work Phone Number

Mother's Work Phone Number

Father's Cell Phone Number

Mother's Cell Phone Number

Legal Guardian's Signature
(If different than Mother and Father)

Family Doctor

Legal Guardian's Home Phone Number

Family Doctor's Office Number:

Legal Guardian's Work Phone Number

Legal Guardian's Cell Phone Number

In addition to parents and/or legal guardians, please list any other person(s) to contact in case of emergency:

Name

Day Phone Number

Relationship

Evening Phone Number

Name

Day Phone Number

Relationship

Evening Phone Number

**THIS FORM MUST BE COMPLETED AND RETURNED TO
MICHELLE NOGGLE ON THE OPENING DAY OF
LEADERSHIP SUMMIT IN ORDER FOR THE STUDENT TO
PARTICIPATE.**

PERSONAL RELEASE FORM

I (We), the undersigned parent/guardian, [if divorced, the custodial parent], desiring that my child, _____, shall have the opportunity to attend AFR Leadership Summit at Connors State College sponsored by AFR Cooperative do hereby consent to my child attending this summit.

I (We) further authorize and direct AFR Cooperative through its duly designated chaperons & leaders during said summit, to direct and supervise my child.

I (We) further understand and agree that AFR Cooperative reserves the right to have a child required to return home at any time the child displays serious discipline problems. A serious discipline problem is defined as one in which a child is inflicting serious physical or emotional harm on other children, is physically or verbally abusive to the chaperons, whose behavior places himself or other children in danger or refusal to adhere to the rules set by above mentioned chaperons. I (We) also understand that as the child's parent, I (We) will be responsible for paying the cost to get the child home.

I (We) further request and authorize AFR Cooperative, through said chaperons, to secure medical or other emergency services that they may, in their discretion, believe to be necessary for my child during this summit. I (We) further understand and agree that AFR Cooperative is providing no personal insurance coverage for this summit, and that any personal insurance coverage will have to be obtained by me.

I hereby release and discharge AFR Cooperative, and all of its employees and agents from any and all claims and any and all liability that may arise in connection with the summit including, but not limited to, any and all claims for personal or bodily injury, injury to or loss of personal property and any other claims for damages. I state that I am authorized to execute this release on my own behalf and on behalf of the minor child.

Signature of Parent/Guardian

Date

AFR Leadership Summit Photo and Video Release Form for Minors

Event: AFR Leadership Summit
Location: Connors State College

Minor's Full Name: _____

Age: _____

Parent/Guardian Full Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email Address: _____

Permission to Use Photographs and Video

I, the undersigned, do hereby grant permission to American Farmers & Ranchers and its affiliates to use photographs and/or video recordings of my child, _____ (minor's name), taken during the AFR Leadership Summit at the Heartland Conference Center for use in promotional materials, social media, websites, newsletters, and other media.

I understand that these images and recordings may be used for a variety of purposes, including but not limited to promotional, educational, and informational content. I agree that these images and recordings may be used without further notification to me.

Duration of Consent

This consent is given in perpetuity and does not require prior approval by me for each use. I understand that there will be no compensation for the use of these photographs and/or video recordings.

Waiver and Release

I hereby release, discharge, and agree to hold harmless [Your Organization's Name], its representatives, and employees from any liability by virtue of any use whatsoever of said images and recordings.

Acknowledgment and Signature

By signing below, I acknowledge that I have read and understand the terms of this release form.

Parent/Guardian Signature: _____

Date: _____

Minor's Signature (if applicable): _____

Date: _____

Witness Signature (if applicable): _____

Date: _____