



Monument Valley Veterinary Science Camp

Advanced Camp: June 11-15, 2013 (10-12 Grades)

*****REVISED DATE-Intro. Camp: June 23-27, 2013 (7-10 Grades)*****

Dear Campers and Advisors/Parents,

Included in this packet are the registration forms that we need you to have filled out and send in to us by **May 1, 2013**. **LATE FEE OF \$50 FOR APPLICATIONS RECEIVED BETWEEN MAY 2-8, 2013**. Please go through these forms carefully. For each student there should be five (5) forms: Checklist, Registration Form, Medical Consent, Medical History, & Conduct Agreement.

Attention We will be limited to the first 50 students registered with ALL forms including the \$125 registration fee made payable to "Mustang Feeds". Camp is ONLY open to 2013-2014 middle/high school students. *NO REFUNDS*****

Each student will receive:

- Housing accommodations
- ALL Meals (breakfast, lunch, snack & dinner)
- Any materials needed for workshops and/or activities
- Scrub top
- Awards

Please share with your students the check list on the next page.

Below is a list of local hotels for advisors/parents to stay. We do not have any "deals" worked out with them; essentially you are on your own since this is the height of the tourist season on the Navajo Nation. You are welcome to stay with the campers & join all the camps activities.

We appreciate the effort all of you have to go through to get your students here. If you have any questions please call or better yet, email me.

Thank You,
 Janeane Harvey, Sr. Camp Coordinator
 Clyde & Elissa McBride
 Agricultural Education
 Monument Valley High School
 PO Box 337
 Kayenta, AZ 86033
 928 697- 2206
janeaneharvey.mvhs@gaggle.net
emcbride@kayenta.k12.az.us

Hampton Inn US Hwy 160 Kayenta, AZ 86033 928 697-3170	Gouldings Lodge 1000 Main St. Monument Valley, UT 84536 435 727-3820
Kayenta Monument Valley Inn US Hwy 160-163 Junction Kayenta, AZ 86033 928 697-3221	The View Hotel Monument Valley Navajo Tribal Park 4 miles East of Hwy 163 Monument Valley, UT 84536 435 727-5555
Best Western Wetherill Inn US Hwy 160 Kayenta, AZ 86033 928 697-3232	Anasazi Inn Hwy 160 (~10 miles West of Kayenta) 928 697-3793



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CAMPER CHECK LIST:

- Casual, school appropriate/work clothes...PANTS (for various livestock workshops and evening activities)
- Comfortable working boot and shoes (NO FLIP FLOPS)
- Work gloves
- Hat or cap
- Scrubs and stethoscope (if you have them)
- Bedding- Linens, Sleeping Bag, and Pillow (you will be on the floor)
 - Advanced Campers will **NEED** at tent
- Towel (for showers)
- Toiletries (tooth brush, soap, shampoo, etc.)
- Extra \$\$\$
- Sunscreen
- Miscellaneous (camera and alarm clock, etc.)
- A FABULOUS Attitude!



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ADVISOR/PARENT CHECKSHEET:

ORGANIZATION: _____ ADVISOR: _____

PURCHASE ORDER OR CHECK NUMBER _____
(PAYABLE TO MUSTANG FEEDS)

NUMBER OF STUDENTS ATTENDING _____ X \$125.00 = _____

(Camper receives a Scrub Top w/registration)

NUMBER OF ADVISORS/GUESTS Scrub Tops _____ X \$20.00 = _____
(S M L XL XXL XXXL)

TOTAL \$ _____

Check here after:

____ You have collected and attached all Student Medical Consent and Conduct forms.

____ You have completed and attached the Chapter Registration Form.

____ You have made a photocopy of each form for your own records.

____ You have attached a check or purchase order. Remember you must have **only one P.O.**
Make payable to MUSTANG FEEDS.

***ALL FORMS AND REGISTRATION FEES ARE DUE BY MAY 1, 2013 TO:**

Mail to: MONUMENT VALLEY FFA CHAPTER
ATTN: ELISSA MCBRIDE
PO BOX 337
KAYENTA, AZ 86033

WE WILL BEGIN CHECK-IN FOR ADVANCED CAMP ON JUNE 11TH AT 10AM MST AND CHECK-IN FOR INTRO CAMP ON JUNE 23 FROM 3-5PM MST.

CAMPERS AND BELONGINGS MUST BE PICKED UP JUNE 15TH & 27TH BETWEEN 1 & 2PM MST.

PO Box 337 Kayenta, AZ 86033
Phone: 928 697-2206
928 429-6760 (Cell)



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Registration Form:

Please fill in all information for every camper that will be attending Vet Camp 2012! Enclose and return with medical consent and student agreement forms from each member by May 3rd, 2012. Thank you!!!

School/Chapter/Club Name _____

Advisor/Parent Name _____

Number(s) to reach Advisor/Parent *during* Camp _____

Location of Advisor/Parent during Camp _____

	Camper Name	Intro. Camp/ Advanced Camp	T-Shirt Size M, L, XL, XXL	Male or Female	Paid (amount?)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

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Student Medical Consent Form:

Camper's Name (Please Print)

T-Shirt Size (S, M, L, XL, XXL, XXXL)

This form includes medical and travel consent for the following activities of the _____ organization.

Name of Local Organization (FFA/4-H/School) (Please Print)

Activity	Date	Location
Vet Camp	June 11-15, & June 23-27, 2013	Monument Valley High School/ Kayenta, AZ

This completed form, with appropriate signatures, MUST be on file with the MV FFA before **May 1st, 2013**. Students who do not have this form on file with MV FFA by the deadline date of **May 1st, 2013**, will forfeit their registration fee.

TRAVEL CONSENT (please print)

I hereby give my son/daughter, _____ permission to
(Name of Camper)

participate in the activities of the MV FFA Vet Camp and approve the transportation arrangements made for the location and dates as listed above.

MEDICAL CONSENT (please print)

I, _____, _____ of
(Parent or Guardian's Name) (Relationship to Camper)

_____ of
(Name of Camper) (Age) (Social Security Number of Camper)

Street Address (City) (Zip Code)

() _____
(Phone Number) (E-mail)

hereby authorize in advance any necessary medical treatment required while he/she is at Vet Camp

(Name of Family Doctor) (Phone Number)

Medical Insurance Carrier _____ Policy Number _____

Please attach a statement indicating any pertinent medical information, allergies, etc.

Signature of Parent or Guardian _____ Date _____

Each Application MUST have one of the FOLLOWING

Signature of Witness _____ Date _____

-----OR-----

Signature of Notary Public _____ My Commission Expires _____

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Student Medical History Form:

STUDENT NAME: _____ ORGANIZATION: _____

BIRTH DATE: _____

The following information may be helpful in assessing a student's health. This form will assist the treatment of your student in case of accident or illness.

Has this student had any of the following? If "Yes", provide further information below.			
Yes ___ No ___	Allergies	Yes ___ No ___	Hepatitis
Yes ___ No ___	Asthma	Yes ___ No ___	High Blood Pressure
Yes ___ No ___	Bronchitis	Yes ___ No ___	Mumps
Yes ___ No ___	Chicken Pox	Yes ___ No ___	Pneumonia
Yes ___ No ___	Convulsions	Yes ___ No ___	Osgood Schlatters
Yes ___ No ___	Curvature of Spine	Yes ___ No ___	Red Measles
Yes ___ No ___	Cystic Fibrosis	Yes ___ No ___	Rheumatic Fever
Yes ___ No ___	Diabetes	Yes ___ No ___	Scarlet Fever
Yes ___ No ___	Frequent Ear Infections	Yes ___ No ___	Scoliosis
Yes ___ No ___	Eczema	Yes ___ No ___	Sinusitis
Yes ___ No ___	Epilepsy	Yes ___ No ___	Skin Rashes
Yes ___ No ___	Frequent Sore Throat	Yes ___ No ___	Stomach Problem
Yes ___ No ___	Frequent Colds	Yes ___ No ___	Strep Throat
Yes ___ No ___	German Measles	Yes ___ No ___	Tonsillitis
Yes ___ No ___	Heart Disease	Yes ___ No ___	U.T.I. (Urinary Track Infection)
Yes ___ No ___	Anemia	Yes ___ No ___	Kidney Disease
Yes ___ No ___	Is this student receiving treatment for any physical problem?		
Yes ___ No ___	Are they taking medicine?		
Yes ___ No ___	Are they taking medicine on a regular basis?		
Yes ___ No ___	Have they ever had a serious accident or injury?		
Yes ___ No ___	Does this student wear glasses?		
Yes ___ No ___	Are there any significant behaviors that may affect this student's ability to participate?		
Yes ___ No ___	Are there any specific cultural, social, religious patterns followed in the home that you would like the camp personnel to know about?		

Explain any YES answers (use back of sheet if necessary): _____

My Student May Receive The Medications Checked Below:			
_____	Midol Caplets	Dosage: 2 Caplets	1-2 times as needed for cramps
_____	Acetaminophen	Dosage: 2 Caplets	1-2 times as needed for aches, fever
_____	Ibuprofen	Dosage: 2 Caplets	(Same as above)
_____	Buffered Aspirin	Dosage: 2 Tablets	(Same as above)
_____	Imodium AD	Dosage: 1-2 Tablets	As needed for diarrhea
_____	Pepto Bismol	Dosage: 2 Tablets	1-2 times as needed for relief of nausea (tablets or liquids) or 1 Ounce

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Student Conduct Agreement:

THIS CONDUCT AGREEMENT WAS DEVELOPED TO ASSIST YOU IN RECEIVING ALL THE BENEFITS OF THE MV FFA CAMP. YOUR ADHERENCE TO THESE RULES WILL HELP YOU TO ACHIEVE SUCCESS AND OTHERS WILL BENEFIT TOO!

1. I agree to represent my organization well at the MV FFA Vet Camp.
2. I will be in my dorm by the announced curfew so that I can be alert for the following day's exciting activities and follow instructions given to me by chaperones and state staff.
3. I will stay on the campus of the Monument Valley High School until my advisor or chaperone picks me up. Others care about my safety too.
4. I will be courteous, polite, and considerate of others. This will allow me to earn the respect of many people. I understand that I am a guest of the MV FFA at Monument Valley High School.
5. I will attend all sessions, groups, ceremonies, and participate in a variety of activities. Those who sent me will be eager to hear what I have learned.
6. Regardless of my age, I agree not to use tobacco, alcohol, or illegal drug products at any time. I understand that my FFA (or other organizational) membership may be revoked (*by the State Advisory Board*) if I choose to break this rule. I understand that the local law enforcement authorities will also be alerted if I break this rule.
7. I understand that myself and possessions may be searched by camp staff for safety purposes.
8. I understand that boys' dorms are off limits to girls, and girls' dorms are off limits to boys.
9. I will report all illness, injuries, or problems to my advisor, MV FFA Advisor, or counselor so appropriate action may be taken.
10. I have been informed about appropriate dress for all activities, and I will wear appropriate clothing according to the schedule.
11. I will agree to respect the campus of Monument Valley High School and all of its facilities and help keep the campus of Monument Valley High School clean and neat.
12. I will cooperate with my advisor/chaperone/counselor, staff, and MV FFA members because they will assist me in having a successful and wonderful experience.
13. Additionally, I realize that pictures and video will be taken during Vet Camp for use in promotional and highlight presentations. I hereby release MV FFA and its contractors from claims with regard to these recordings.

14. NO REFUNDS!!!

I COMMIT TO FOLLOW THE GUIDELINES OF THE MV FFA VET CAMP STUDENT CONDUCT AGREEMENT. I WILL CHOOSE TO EXHIBIT EXCELLENT BEHAVIOR SO THAT I MAY BENEFIT FROM THE WONDERFUL OPPURTUNITIES THAT MV VET CAMP OFFERS ME.

Camper Signature

Date

Parent/Guardian Signature

Date

Advisor/Parent Signature

Date

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