



2015 Agricultural Education Immersion Camp
August 11, 12, & 13
LaQuinta INN & Suites, Bloomington, MN

Objectives:

- Offer an immersive experience in agricultural education for high school 10th & 11th graders.
- Develop competent and assertive agricultural leadership for agricultural education
- Increase awareness of agriculture and its contribution to our well-being
- Strengthen the confidence of agriculture students in themselves and their work
- Promote the intelligent choice and establishment of an agricultural career
- Encourage achievement in supervised agricultural experience programs
- Encourage wise management of economic, environmental and human resources of the community
- Develop interpersonal skills in teamwork, communications, human relations and social interaction
- Build character and promotes citizenship, volunteerism and patriotism
- Promote cooperation and cooperative attitudes among all people
- Promote healthy lifestyles
- Encourage excellence in scholarship

What you'll need...

- Clothing and other personal items for 2 nights/3 days
 - Pool is available at hotel
 - Casual wear for conference is acceptable
- Do not forget your registration form which includes:
 - Rules of Conduct
 - Medical Release/ Instructions
 - Photography Waiver

Registration Information:

- Cost of participation is \$75 per individual-----the \$75 will be returned to participants upon completion of the conference
- **Full payment and complete applications are required** - no phone call reservations will be accepted
- Registrations accepted beginning April 27th - accepted on a first paid - first served basis
- Refunds will be made if notification is in our office two weeks prior - **no refunds will be made after this date**
- Cancellations must be in writing for documentation and will be at 50% refund to non attendees

Participants should plan to arrive by 11:30 a.m. on August 11, lunch will be provided.

Participants dismissed on Thursday 12:00 pm - no noon meal provided

Application Deadline: July 20, 2015

Ag Ed Immersion Camp 2015 Registration Form

School/Chapter Information:

_____ **Amt. Paid** _____

Chapter Advisor or Parent: (circle one) _____

Advisor/Parent Work Email: _____

Advisor/Parent Work Phone Number: _____

Advisor/Parent Cell Phone Number: _____

Student First Name *Last Name* *T-Shirt Size* *Gender*

_____ _____ S M L XL XXL M F

Grade level: 9 10 11 12

Student Address: Student City: Student Zip Code:

_____ _____ _____

** Address is where conference refund will be sent.

Special Dietary/Physical Needs for Members: _____

Rules of Conduct for Leadership Conferences

Signature Page Must Accompany ALL Conference Registration Materials

Code of Ethics

We will conduct ourselves at all times in order to be a credit to our organization, our chapter, our school and our community by:

- Dressing neatly and appropriately for the occasion.
- Showing respect for the rights of others and being courteous to everyone at all times.
- Being honest and not taking unfair advantage of others.
- Respecting the property and rights of others.
- Refraining from loud, boisterous talk, profanity and other unbecoming conduct.
- Demonstrating sportsmanship on the courts, grounds, and meeting areas. To be modest in victory and gracious in defeat.
- Arriving at meetings on time and respect the opinion of others in discussion.
- Taking pride in our organization, in our activities, in our supervised agricultural experience programs, in our exhibits, and in the careers in agriculture.
- Sharing with others experiences and knowledge gained by attending local, regional, state, and national meetings.

Rules of Conduct

I have read the rules and understand them, and I will abide by them.

I will accept the authority of the supervisors and advisors in charge of the trip.

I will attend the sessions and make arrangements to report them to my chapter.

I will be courteous at all times and respect the rights of other members.

I will care for campus/accommodation's property and respect the rights of others.

I will not purchase, use, or have in my possession any kind of alcohol, tobacco, drugs or other chemical substances.

I will be in my room and remain there after curfew time, and I will be dressed and out of my room by the time designated by the staff each day.

I understand that any infraction of these rules will be grounds for my participation in the trip to be terminated and for me to be sent home at my parents'/guardians' expense.

I pledge to attend the activities marked within this program.

Members violating or ignoring rules of proper conduct will be subject to disciplinary action and dismissal. Violations of the Code of Ethics or Rules of Conduct will be reported to local school administrators for disciplinary action.

Photo Waiver Form

The Centers of Excellence in Agriculture have my permission to use my photograph, video and audio recordings, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing Centers of Excellence in Agriculture. I understand the circulation of the materials could be state/nationwide and that there will be no compensation to me for this use.

Signature Page for the Required Documents

Signature Page Must Accompany ALL Conference Registration Materials

- 1 MEDICAL RELEASE FORM (*parent/ guardian consent to medical treatment*)
 - 2 RULES OF CONDUCT
 - 3 PHOTO WAIVER FORM

I _____, hereby have read, understand and will comply with the code and rules while representing the _____ School during official activities at the Ag Ed Immersion Conference. The Centers of Excellence in Agriculture have my permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing Centers of Excellence in Agriculture. I understand the circulation of the materials could be state/nationwide and that there will be no compensation to me for this use.

Member's/Student's signature:

Parent's signature:

In case of an emergency, in advance, I authorize (son/daughter) any necessary medical treatment required while at this activity.

_____ Parent/Guardian Signature Telephone # _____

Name of Insurance _____ Policy/Group # _____

Paperwork required for each student: Medical, Conduct, and Media Releases
Return this application to: Keith Olander, kolander@clcmn.edu

Send \$75 per student to:
Central Lakes College –AgCentric
1830 Airport Road
Staples, MN 56479