Ag-DISCOVERY APPLICATION
June 10 –29, 2007, Florida A&M University

Full Name:			
Address:			
	City:	State:	Zip Code:
Telephone #:			
Birth Date:		Age :	

Gender:	Male ☐			Female ☐		
T-Shirt Size	S ☐	M ☐	L ☐	XL ☐	XXL ☐	

School	
Grade (Fall 2007)	

Special Food/Dietary Restrictions:

Do you have health problems or disabilities that require special attention? _____ If yes, please describe:

Have you been immunized for German (Rubella) and Red (Rubella) Measles?_____

<u>If selected to participate in the Ag-Discovery Program the following items will be required:</u>

- ***A copy of your IMMUNIZATION FORM from your physician or local health department and proof of health coverage is required upon selection***
- ***Proof of school enrollment***

Name of Parent or Guardian: _____/Phone #_____

Name of Emergency Contact, if different from above: _____/Phone # _____

ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A 2-PAGE ESSAY WHICH INCLUDES:

- What I'd like to know about the Veterinary Medicine and why?
- Your interest and activities in Animal Science.
- Your hobbies and plans for the future.

Have you participated in a previous Ag-Discovery Program? Yes ___ No ___ If yes, which year _____ and location? _____

I solemnly swear that the information given above is true to the best of my knowledge.

If selected to participate in the Ag-Discovery program at Florida A&M University, I promise to abide by all rules and regulations and to make proper use of educational advantages offered, and to see that all bills incurred by me are paid promptly. If for any reason, I violate any part of the Student contract, I acknowledge that I can be dismissed from the Ag-DISCOVERY program and sent home immediately.

Applicant's signature: _____ Date _____
Student's full name:

Parent/Legal Guardian Signature: _____
Recommended by:
Principal
Counselor

Ag-DISCOVERY
PARENTIAL RELEASE FORM

I certify that my child, _____, who is enrolled with this agreement, is in excellent health and may participate in strenuous physical activities associated with the Ag-DISCOVERY Summer Enrichment Program. I agree to defend, indemnify, and hold harmless the USDA-APHIS and Florida A&M University officers, servants, agents and/or employees, contractors and insurers from any and all claims for injuries sustained by my child during his/her participation in the program.

Permission is hereby granted to the U.S. Department of Agriculture/Florida A&M University to use pictures of my child in any promotional materials as well as to travel on field trips both in and out of state. Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the Ag-DISCOVERY activities except as stated in writing and included with the medical history.

I understand and acknowledge that Ag-DISCOVERY does not offer any medical insurance to protect against injuries; makes no claims to do so and has no responsibility for any medical expense incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

I have received a copy of the Student Contact and I have reviewed it with my child.

Signed: _____

Date: _____

APPLICATION MUST BE RECEIVED BY APRIL 27, 2007

Ag-DISCOVERY
Student Contract

Acceptance into the Ag-DISCOVERY program is a privilege, but it also requires students and parents to assume certain responsibilities.

Student: I, _____ as a participant in AG- DISCOVERY, a summer youth enrichment program sponsored by USDA-APHIS and Florida A&M University, do hereby accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will conduct myself in a respectful and courteous manner at all times.
3. I will sleep where assigned and realize that I will be in constant contact with people from varying cultures and ethnic affiliations.
4. I understand that no one is allowed outside of sleeping quarters after 10:00 pm, and that all lights must be out by 11:00 pm and that there will be a bed check every night by a chaperone.
5. **I will not smoke or use drugs or alcohol during Ag-DISCOVERY and I understand that by doing this, I will be sent home immediately AT MY PARENT'S EXPENSE**.
6. I understand that I may be held responsible for any damage to equipment or facilities.
7. I understand that there must be quiet time between midnight and 5:30 am.
8. I understand that all profanity, horseplay, fighting, or inappropriate acts is prohibited.
9. I understand that other than a clock/radio, no electronic equipment (including TVs, portable radio/CD players, or computer games) will be allowed.
10. Ag-DISCOVERY participants are not allowed to have personal vehicles on campus.
11. Appropriate attire will include khaki shorts, denim shorts, t-shirts, one-piece swimsuit, tennis shoes, and/or sandals. No student will be allowed to wear overly provocative or offensive clothing.
12. I will adhere to these and all other rules of the Ag-DISCOVERY staff.

Signature of Student: _____ Date: _____

PICTURE RELEASE STATEMENT

As parent of _____ I fully understand the conditions stipulated above and hereby give full consent to USDA-APHIS and Florida A&M University to reproduce my child's picture in future promotional material.

Parent or Legal Guardian Signature _____

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Ag-DISCOVERY
Summer Enrichment Program
Letter of Recommendation For:

_____

Student: Please give this to three adults (one must be a teacher or counselor) who knows you and who is familiar with your schoolwork, interest in agriculture and work qualities. (FOR EXAMPLE: a job supervisor, teacher, counselor, elder, minister, NOT A RELATIVE)

Respondent: The individual named on this form is being considered for participation in the Ag-DISCOVERY Program, a summer enrichment boarding camp at Florida A&M University, sponsored by the Unites States Department of Agriculture, Animal and Plant Health Inspection Service. On a separate sheet of paper, PLEASE ADDRESS THE QUESTIONS LISTED BELOW.

Applicant's Name:

Name & Title of Respondent:

Address:

Phone:

How do you know the Student?
How long have you known the student?

Please include in your letter the student's character, aptitude for learning, and interest in agriculture, if known.

Signature of Respondent:

Your letter is confidential: Please note the deadline for receiving application and related materials.

Send the letter in a sealed envelope to:

USDA-APHIS-Animal Care
Attn: Joyce Barkley
4700 River Road, Unit 84
Riverdale, MD. 20737

If you have any questions, please contact Ms. Beatrice Jacobs (Beatrice.f.jacobs@aphis.usda.gov) or Ms. Terry Henson (terry.a.henson@aphis.usda.gov) at (301) 734-6312.

APPLICATION MUST BE RECEIVED BY APRIL 27, 2007

USDA – APHIS

Ag-Discovery

June 10 - 29, 2007
Florida A&M University
Tallahassee, Florida

Make sure you have enclosed the following materials:

- Completed application
- Two page essay
- Three (3) Letters of Recommendation*
- (ONE from a certified teacher or counselor)
- Proof of age (copy of birth certificate, driver's license, etc.)
- Signed Student/Parent Contract and signed picture release statement

*Must be mailed separately by respondents

Mail to:

USDA-APHIS-Animal Care
Attn: Joyce Barkley
4700 River Road, Unit 84
Riverdale, MD. 20737-1234

MUST BE RECEIVED BY APRIL27, 2007
Incomplete application packets WILL NOT be accepted.

Ag-DISCOVERY
MEDICAL INFORMATION

I hereby give permission to the attending physician to order x-rays, routine tests and treatment for the health of my child. I give permission to the physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above in the event I cannot be reached in an emergency. I release the Ag-DISCOVERY Summer Enrichment Program, the United States Department of Agriculture (USDA) at Florida A&M University, the USDA-Animal and Plant Health Inspection Service (APHIS) and its staff of all liabilities arising from this program.

Physical Handicaps:
(Specify missing or injured body parts, weakness, etc.)

Bones & Joints _____

Muscles _____

Organs _____

Weight Problem(s) _____

Physical Handicaps:
(Specify problem areas such as anxieties, fears, and hyperactivity)

_____

_____

_____

_____

Chronic Ailments:

Asthma/Respiratory _____

Heart _____

Circulatory _____

Diabetes/Hypoglycemia _____

Epilepsy _____

Hemophilia _____

Allergies:

Insect Bites _____

Tetanus Shot _____

Other _____

_____

_____

Preferred Personal Physician:

_____

Preferred Hospital:

_____

Parent(s), Guardian(s), or other Relative:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____