



North Carolina Future Problem Solving 2016 State Bowl Participation Contract

You have elected to attend the 2016 North Carolina Future Problem Solving State Bowl. It will offer many unique opportunities and experiences. Beyond the educational benefits, you will have a chance to form new friendships and to meet the challenges of independence. We at Future Problem Solving promote an atmosphere where chaperones and students support one another with genuine respect. As a student participant, it is your responsibility to demonstrate high standards of conduct and to accept personal responsibility and consequences for your actions. You are expected to exhibit honesty, courtesy, and consideration toward others. Our goal is to make the state bowl a safe, educational, and enjoyable experience for everyone. We ask each individual's cooperation and commitment to the following behavior guidelines:

- The student is to obey the rules and regulations established by chaperones both prior to and during the trip and follow the directions of coaches, chaperones, Future Problem Solving officials and Holston Presbytery Camp representatives.
- The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including chaperones, Future Problem Solving, or Holston Presbytery Camp and Retreat Center.
- The student should never leave the competition building, dining hall or cabin unless accompanied by a chaperone and remain with the group at all times.
- Good common sense, respect, and consideration for others should be the standard practice of the state bowl. If a student violates any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

Student Contract

I have read and understand the behavioral rules and regulations of NC Future Problem Solving Program. To the best of my ability, I will comply with all of these rules and regulations.

Student signature _____ Date _____

Parent Contract

I have read and understand and support the rules and regulations of the Future Problem Solving Program. I consent that my child or ward has read the rules and regulations and will do his or her best to comply with all of these rules and regulations. **I also give permission to NC FPS to use my child's photography for NC FPS or camp publicity.** It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Food Allergies/Food Restrictions:

List food allergies or restrictions that camp cook needs to know for child named above: _____

List food allergies or restrictions for guests and/or chaperones attending with this child:

Parent/guardian signature _____ Date _____

NC FPS State Bowl Medical Release Waiver Form

THIS FORM IS REQUIRED TO ATTEND STATE BOWL AT HOLSTON CAMP

NC FPS State Bowl Participant's Name _____

Date of birth _____ Age _____ Gender _____

Address: _____

City _____, NC Zip _____

Mother/Guardian Name _____

Primary phone _____ Secondary phone _____

Father/Guardian Name _____

Primary phone _____ Secondary phone _____

Person to notify if parents/guardian can't be reached _____

Relationship _____ Phone _____

Family Health Insurance _____

Policy Holder _____ Policy Number _____

Physician's Name _____ Office phone _____

Authorization for Treatment of Minor

I, the undersigned, parent or legal guardian of _____, a minor, give permission to the medical personnel selected by the team coach, Future Problem Solving official, or Holston Camp to provide routine health care; to administer medication; and to provide or arrange necessary related transportation. In an emergency, I understand the camp will use the contact information to notify me. If a trip to the emergency room is necessary, the physician/hospital or dentist selected to secure and administer treatment for my child named above will be provided with this information so that they can choose to treat or contact me for permission to treat.

In the event I cannot be reached in an emergency, I hereby give permission to NC FPS to provide or arrange necessary related transportation for my child and to the physician or dentist selected to secure and administer treatment for my child as named above.

Parent/guardian signature _____ Date _____

Coaches, scan and email or mail this signed form for each participant to NC FPS, 8133 NC 181, Newland, NC 28657 no later than Thursday, March 31, 2016. We recommend that you make a copy of this form to carry with you on the trip.