**FCCLA LEADERSHIP**

**CAMP 2021**

With Leadership Training by Patrick Grady (invited)

EARLY NOTIFICATION: PLEASE USE THE SURVEY MONKEY LINK TO SPECIFY YOUR EXPECTED ATTENDANCE BY JUNE 8 to begin working with the hotel room assignments.

<https://www.surveymonkey.com/r/RPR96MX>

FCCLA LEADERSHIP CAMP

August 1-3, 2021

“Center Stage-“Find your place on it!”

Doubletree Bloomington Hotel

7800 Normandale Boulevard, Bloomington, MN 55439

**FCCLA CENTER STAGE**

**“FIND YOUR PLACE ON IT!”**

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**2021 FCCLA Leadership Training Camp**

**Individual Registration-Due June 21**

**PLEASE USE FORM PER EACH PERSON REGISTERING**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one:** \_\_\_\_Chapter Leader \_\_\_\_State Officer

\_\_\_\_Area Leadership Team Officer\_\_\_\_ JHC \_\_\_\_National Officer/ candidate \_\_\_\_Guest \_\_\_\_\_Potential Adviser \_\_\_\_Adviser \_\_\_\_Chaperone

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Male \_\_\_Female

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zipcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_

Cell phone (\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E mail (summer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need **special meal** considerations?: \_\_\_\_\_\_\_\_\_\_\_Yes.. Describe the need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Vegan meal \_\_\_\_Vegetarian meal \_\_\_Allergy to food:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp attire: Khaki or black slacks or Capri length. FCCLA polo shirt, white, red or black shirt or FCCLA t shirts

Double rooms will be assigned by MN FCCLA unless specified.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT OFFICERS** | | | | |
| **State**  **Officer**  **(double room)** | **Double room option**  **State Officers-**Registration fee and lodging/ meals  **Double room option**  Roommate preference:\_\_\_\_\_\_\_\_\_\_ | August 1 Sunday evening through August 3 morning | **$0.00** |  |
| **State**  **Officer**  **(single room)** | **Single room option**  **State Officers-**Registration fee and lodging/ meals  **Single room option** | August 1 Sunday evening through August 3 morning | **$140.00** |  |
| **Area Officer**  **(double room)** | **Double Room Option**  **Area officers**  Registration fee and lodging/ meals  **Double room option**  Roommate preference:\_\_\_\_\_\_\_\_\_\_ | August 1 Sunday evening through August 3 morning | ***$85.00*** |  |
| **Area Officer**  **(single Room)** | **Single Room Option**  **Area officers**  Registration fee and lodging/ meals  **Single room option** | August 1 Sunday evening through August 3 morning | ***$140.00*** |  |
| **ADVISERS/ CHAPERONES** | | | | |
| **Adviser**  **(double room)** | **Double room option Area and Advisors/ Adult Chaperone-**Registration fee and lodging/ meals  **Double room option**  Roommate preference:\_\_\_\_\_\_\_\_\_\_ | August 1 Sunday evening through August 3 morning. | ***$285.00*** |  |
| **Adviser**  **(single room)** | **Single room option**  **Advisors/Adult Chaperone-**Registration fee and lodging/ meals  **Single room option** | August 1 Sunday evening through August 3 morning. | ***$425.00*** |  |
| **Officer or adviser** | **Virtual Attendance or make up fee for non attendance** | **TBD** |  | |
|  | **Late fee** **After July 1** Add $15.00 | **Received after July 1** |  | |
|  |  | **TOTAL** | **TOTAL $** | |
| **RED JACKET RENTAL for 2021-2022** | | **Add $25.00** |  | |
|  |  |  |  | |

**, code of conduct and check**



**Health Form** **MN FCCLA FCCLA Camp Training**

Directions: Please complete and sign this form and return a copy to your advisor and a copy to the state FCCLA office by June 21

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student presently under medical care or taking a prescribed medication? \_\_\_\_Yes \_\_\_\_No

If yes, describe the medication/s:

Is student allergic to any medication? \_\_\_\_Yes \_\_\_\_No If yes -list medication/s.

Does your son/ daughter have any health problems? e. g. Diabetes, pregnancy, seizures, allergies?

\_\_\_\_Yes \_\_\_\_No

If yes- please describe any special care that is needed.

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home or cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance:

Name of company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(name of parent /guardian)( relationship to student)*

authorize in advance any necessary medical treatment as required in the judgment of the attending physician while the student is absent from home and attending an FCCLA event.

*Even though your son/ daughter may be 18 years of age, he/she will be subject to the rules of the conference (according to the age of majority, distributed by the Minnesota Dept of Education and the Attorney Generals’ office) he/ she will not be allowed to possess or drink alcoholic beverages, possess or use non prescription drugs or smoke/chew tobacco.*

*Will you support your son/ daughter/s advisor and the FCCLA Executive Director in enforcing these rules?*

\_\_\_Yes \_\_\_No

Infringement upon these regulations requires that the student will be sent home from the conference at your expenses. Will you see to it that your son/ daughter is picked up at the conference if such a procedure becomes necessary? \_\_\_Yes \_\_\_No

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Call:

Name of first choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Registration, health form, and check to: MN FCCLA** **PO 131386, Roseville, MN 55113**

**Parent/Guardian Permission Form**

**Student name**

**First name Last name**

**Directions:** This form is to be returned to the LOCAL ADVISOR and used by the local advisor.

**ADVISORS: Keep a copy and bring a copy of these forms for the state conference registration files.**

The Minnesota Association of the Family, Career, Community Leaders of America will hold Leadership Training August 1-3, 2021 at Doubletree Bloomington Hotel, Bloomington, MN. . Please fill out the questions below if your daughter or son is to be one of the representatives to this training. Forms must be returned before your delegate may attend.

\*\*Transportation for camper will be provided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (to arrive)

\*\*\*Transportation home will be provided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( to leave)

|  |  |  |
| --- | --- | --- |
| 1. Do you approve of your son or daughter attending the State FCCLA Training to be held at the Doubletree Bloomington Hotel?. | YES | NO |
| 1. Do you approve of your son or daughter participating in leadership activities? | YES | NO |
| 1. Do you know the plans for the trip, including who will chaperone the group, the mode of travel? Do you approve of these plans? | YES | NO |
| 1. Do you expect your son or daughter to see or call relatives or friends while en route to or in Bloomington? If yes, please write the name and address of relative and/or friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| 1. Do you plan for your son or daughter to leave the group at any time while traveling to or in Bloomington? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| 1. Does your son or daughter agree to abide by the rules of no use or possession of alcohol, drugs or cigarettes as well as the camp curfew? | YES | NO |
| 1. Does your son or daughter give permission to use likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to MN FCCLA to share this image with its partners for use in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of Minnesota FCCLA and will not be returned. | YES | NO |

**VIOLATION OF THESE RULES WILL RESULT IN THE PARENT COMING TO LEADERSHIP CAMP TO GET THE STUDENT OR FINANCING TRANSPORTATION HOME IMMEDIATELY.**

Name two persons who may be contacted in case of an emergency

1. Name Phone
2. Name Phone

Explain any special care needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this, I agree to the terms stated above.

* **Signature of Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature of Delegate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **ADVISORS: Keep a copy and send a copy of these forms.**

**2021 FCCLA Leadership Training -Delegate Code of Conduct--Make 2 copies**

**Please return a copy of this signed code of conduct to your chapter advisor.**

**The advisor should bring the copies of the code of conduct to hand in at registration or send it with the registration and also keep one copy for your own use.**

**Due June 21**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I realize that attending MN FCCLA Leadership Training is a responsibility and an opportunity to attend one of the finest youth events in the state. As a delegate from my chapter, a representative of my school and community,

I agree to act in a professional manner.

\_\_\_\_ Yes, I agree to attend all sessions for delegates and take full advantage of the training.

\_\_\_\_ Yes, I agree to attend all sessions and be respectful of the speaker, presenters and fellow delegates

\_\_\_\_ Yes, I will promote and demonstrate the positive image of a positive youth leader.

\_\_\_\_ Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the training.

\_\_\_\_ Yes, I agree to abide by all rules of conduct set by the State Association and the rules set by my FCCLA chapter advisor and chaperones.

\_\_\_\_ Yes, I will be respectful of campus property and the property of other delegates and roommates.

\_\_\_\_ Yes, I hereby grant Minnesota Association of Family, Career and Community Leaders of America permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to MN FCCLA to share this image with its partners for use in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of Minnesota FCCLA and will not be returned.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter advisor

**2021 MN FCCLA Leadership Camp Draft Agenda**

Camp attire: Khaki or black slacks or Capri length. FCCLA polo shirt, white, red or black shirt or FCCLA t shirts

**Doubletree Bloomington Hotel, 7800 Normandale Boulevard, Bloomington, MN. 55439**

**Sunday, August 1, 2021**

Leadership training- with Patrick Grady (invited)

**STUDENTS/ADVISORS**

Supper prior to arrival

Registration 6:00-6:30 pm

Leadership Training/Networking 6:30 pm- 8:30 pm

FCCLA Activities 8:30 pm-9:30 pm

Free time/getting acquainted 9:30 pm- 11:30 pm

Curfew 11:30 pm

**Monday- August 2, 2021**

Breakfast at hotel 7:00 am- 8:00 am

Morning Session 8:00 am- 11:00 am

Center Stage activity 11:00 am-12:00 pm

Lunch at hotel 12:00 pm- 1:00 pm

Camp Activity 1:00 pm- 3:00 pm

Officer Team Training 3:00 pm- 4:00 pm

Speaker 4:00 pm- 5:30 pm

Dinner at hotel 5:30 pm- 6:30 pm

State Officer Round Tables 6:30 pm- 8:30 pm

Advisor Resource Work 8:30 pm- 10:00 pm

Lip Sync Prep Time 8:30 pm- 10:00 pm

Lip Sync Presentations 10:00 pm- 11:30 pm

Curfew 11:30 pm

**Tuesday- August 3**

Check out of hotel rooms

Breakfast at hotel 7:00 am- 8:00 am

Morning Session 8:00 am- 11:00 am

Closing Session 11:30 am- 12:00 pm

Departure and eat lunch enroute home.

**MN FCCLA ANNUAL RENTAL OR NEED FOR RED JACKETS**

Due June 21

Each 2021-2022 State Officer and Area Officer should submit this form.

Name of Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOT NEEDING A JACKET:**

\_\_\_\_I do not need an annual jacket rental as I have a personal jacket.

**NEEDING A JACKET:**

\_\_\_\_I will return a jacket from a prior year and need a different size.

\_\_\_I do need a jacket rental for April 2021-April 2022.

Size of jacket I need is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_I have a jacket from a prior year such as 2019-2020 or 2020-2021 and will keep that jacket. I will pay the new annual rental fee of $25.00 for 2021-2022 and will not return that jacket.

The number of that jacket is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURNING JACKETS:**

All State and Area Officers who had a prior year’s jacket and not planning to use it as the 2021-2022 rental should return jackets to the state office by June 30.

Late fees will be assessed for non-returned jackets after June 30.

The cost of not returning a jacket is $65.00.

**WHERE TO SEND:**

Send jackets to be returned to: MN FCCLA, PO Box 131386, Roseville, MN 55113

Jackets need to be returned by June 21, 2021 for inventory and cleaning.

**Make $25.00 rental checks payable to MN FCCLA.**

Send to:

MN FCCLA

PO 131386, Roseville, MN 55113