

Alleghany County Dairy Show Success Clinic

Tuesday, July 23, 2019 10:00 am

(Arrival between 8:30am-9:30am)

to

Wednesday, July 24, 2019 3:00 pm

Alleghany County Fairgrounds, Sparta, NC

**If you need an earlier arrival time please contact the office.*



Katie Coyne from Mill Wheel Dairy Show Clinic in Wisconsin will be here to guide participants in maximizing their knowledge in the following areas:

Showmanship—Training your heifer at home and presenting her in the show ring.

Fitting—Clipping and grooming to make your heifer look her best, tools and tips.

Nutrition—Proper nutrition to maximize growth and maintain condition, suggested feedstuffs.

Calf Care & Health—Illness symptoms & treatments, when to call a vet.

Animal Selection—What to look for when picking out a project calf.

General Show Preparation—Recommended supplies, herdsmanship, properly bedding your animal.

Full Name of Child _____ (please print legibly)

Birth date _____ Age of child on Jan. 1 2019 _____

Address _____

Email _____

Name of parent/guardian(s) of minor child _____

Phone _____

Years of Show Experience _____

Breed of Animal (if child is bringing their own) _____

Does your child need a heifer provided for them? YES _____ NO _____

Heifers Only, no animals in milk— birthdate of heifer _____

Clipping Level : (please circle one) Beginning Intermediate Advanced

If you are attending with others and wish to be stalled together please list name of person(s)

For information that does not apply to the child please put N/A on the line.

Emergency Contact for minor attendee in case parent/guardian is unable for any reason to fulfill parental responsibilities during the event:

Name _____ Relationship _____

Contact# _____

Adult that child may be released to _____

Health Profile

MEDICAL: Do you have any pertinent medical conditions we should know of? (Ex. Heart problems, circulatory, stomach, muscle, respiratory, kidney, liver, diabetes, etc.)

Insurance Information: (Please be sure to include insurance information both for yourself and any youth you are responsible for while at the workshop.)

Carrier: _____ Policy # _____ Contact # _____

Name of Policy Holder: _____ Date of Birth: _____

Allergic History (if no allergy be sure to write "NONE" under each of the 3 categories.)

Medication Allergy: Please list name of medication (i.e. penicillin, aspirin, etc.), type of allergic response (i.e. rash, collapse, etc.) and treatment required (i.e. EpiPen etc.)

<u>Name of Medication</u>	<u>Type of Allergic Response</u>	<u>Treatment Needed</u>
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Environmental Allergy (examples: latex, tape, type of hay, insects, etc.)

<u>Name of Environmental Substance</u>	<u>Type of Allergic Response</u>	<u>Treatment Needed</u>
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Food Allergy (examples: nuts, seafood, gluten, etc.)

<u>Type of Food</u>	<u>Type of Allergic Response</u>	<u>Treatment Needed</u>
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Behavioral Expectations

Please have child complete and sign. Parent's of children 8-17 must also sign.

Behavioral Expectations-participant to initial after each inside—> ()

1. I will be trustworthy and honest. ()
2. Respectful, courteous, polite, and considerate to peers and adults. I will not interfere with others' ability to learn by my actions—Noisy, disruptive and roughhousing will not be tolerated. ()
3. I will follow any instructions from my parent or guardian, or staff. ()
4. I will leave no trash of my own and properly dispose of any trash I see lying around prior to leaving. ()
5. I will be appreciative of the efforts of others, particularly the volunteers who gave up their time. ()
6. Please be sure to listen to what they have to say, observe the skills and thank them for all they do. ()
7. I will offer help to others and make them feel welcome. Dairy industry friendships can last forever. ()
8. I will not use vulgar language or make discriminatory statements about or to others. ()
9. I will be prompt and not hold up others. ()
10. I will always exercise safety. Use the buddy system to use restroom, and an adult/child buddy system when dark. ()
11. My parent/guardian is responsible for me and is to know where I am at all times. I am to be within their vision unless I have their permission otherwise. ()
12. Over 18 year old participants will be assigned separate lodging from minors with parents or guardians. ()

The following will NOT be tolerated; and law enforcement will be notified.

- Possession of alcohol or illegal drugs.
- Possession of weapons. (Penknife for appropriate barn usage only is allowed)
- Possession of tobacco products by minors.
- Smoking by adults must be 200 feet away from barns or show ring.
- Misuse of prescription or nonprescription drugs.
- Physical, verbal, emotional, or mental abuse or threats.
- Theft, destruction or abuse of property.

_____ Signature of participant

_____ Print legibly name of participant

_____ Parent signature for under 18 participant

_____ Guardian signature if applicable

Additinoal Meals. Registered participant meals are covered. Extra meals will be available by donation. Please fill in the number of meals that you wish to order (do not add in the 2 already allocated for.)

Extra meals: All Meals (\$20) _____ Tues. Lunch (\$3) _____ Tues. Dinner (\$12) _____
Wed. Breakfast (\$2) _____ Wed. Lunch (\$3) _____

Payment:

Cost is \$25 for **Day Participants ONLY**. Cost is \$100 for **Overnight Participants**. This cost is for registered participants ages 8-21. *Limited scholarships available for overnight participants provided by the North Carolina Dairy Youth Foundation (NCDYF).*

The NCDYF is providing partial funds for this event.

All meals included plus snacks. Bring water bottle.

Please make checks payable to: Alleghany 4-H with Dairy Workshop written in comment line.

Send registration information to:

Aaron Ray Tompkins
P.O. Box 7
Sparta, NC 28675

NOTE: Acceptance is not final unless the following has occurred:

1. **ALL** paperwork completed in full and reviewed by the Program Committee
2. Payment has been received and deposited
3. You have received formal notice of your acceptance

If you will be coming from out of town and wish to spend the night, we will have rooms available.

Reservations will be made by the Extension Office.

Please contact the Alleghany County Extension Office for more information at

(336) 372-5597.