

**LIVESTOCK SHOW CAMP REGISTRATION**  
(Please fill out one registration form per youth or adult camper)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ County you reside in \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Youth participants must be between the ages of 8-19 as of January 1<sup>st</sup>, 2015

Novice participants, age 7 as of January 1, 2015 will be accepted if accompanied by a parent.

**Parents are welcome and encouraged to register with your child. Make this an event for the whole family!**

Youth Age (as of 1/1/15) \_\_\_\_\_ Sex \_\_\_\_\_  Parent Sex \_\_\_\_\_

**Circle Shirt Size:** Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

**Choose the camp you wish to be enrolled in:**

Beef  Market Lamb  Breeding Sheep  Swine

**Photo disclaimer:** Campers are subject to potentially having their image and/or likeness reproduced for promotional and/or publicity purposes in WLBA media photography, video and/or webcasts. No personal information about the participant, such as name, age, address will be used.

***Family Friendly Reduced Rates! Share prices within immediate family only.***

Wisconsin & Out-of State Participants

1 participant: \$125.00

2 participants: \$225.00

3 participants: \$325.00

4 participants: \$400.00

5 participants or more, add \$75.00 per participant to the 4 participant fee

Prices are all inclusive and include your individual species clinic, camp T-shirt, lodging in the Tommy G. Thompson Center, meals, snacks, and other camp activities. Campers or their families must be paid 2015 WLBA members. Camp fees after May 15 deadline are non-refundable.

Sheep and Beef Campers: Although not required, you are encouraged to bring an animal to work on during the camp. Families with multiple children attending may 'share' an animal, but for the best learning experience bringing an animal for each camper is encouraged.

Swine campers: For biosecurity reasons related to the PEDv threat, swine exhibitors will not be allowed to bring their own pigs in 2015. An additional \$10 per exhibitor will be charged to bring in a group of hogs that will be shared among the swine campers. Please refrain this year from bringing your own equipment as well; we will provide what you will need.

For more information, please contact Jill Alf at (608) 868-2505 or email the WLBA office at [alfhamp@centurytel.net](mailto:alfhamp@centurytel.net). Registrations may be accepted after May 15<sup>th</sup> - please call to check on availability.

**Early Registration Deadline is May 15<sup>th</sup>, 2015.**

# WISCONSIN LIVESTOCK BREEDERS ASSOCIATION

## Membership

The Wisconsin Livestock Breeders Association provides educational activities and opportunities for youth involved in beef, sheep and swine projects. Participation in these programs is open to all Wisconsin youth ages 8 to 19. Your support is essential to keep these programs available to support our agricultural leaders of tomorrow. Annual family dues run from January 1<sup>st</sup>, 2015-December 31, 2015.

### \_\_\_\_\_ WLBA Membership – Annual Family Dues - \$25.00

Your WLBA membership benefits include:

- Ability for members of your family to be eligible to participate in WLBA sanctioned programs. These events include but are not limited to the Wisconsin Spring Preview Show, the Wisconsin Junior Livestock Show Camp and the Wisconsin Summer Spectacular Show. Members must pay all participation fees.
- Eligibility for youth to apply for the WLBA Master Stockman Award
- Voting privileges at WLBA Annual Meeting-one vote per family
- Membership listing on WLBA website ([www.wisconsinlivestockbreeders.com](http://www.wisconsinlivestockbreeders.com)) membership directory page; includes your website link if one is available.
- Free 1-month ad on the WLBA classified ad web-page.

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

Farm Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type/Breed Livestock Raised \_\_\_\_\_

\_\_\_\_\_ List my membership information above on the WLBA website membership directory page.

\_\_\_\_\_ I prefer my membership information is not listed on the WLBA website.

### CAMP DEADLINE-MAY 15, 2015

Please make checks payable to Wisconsin Livestock Breeders Association, mail to;  
7811 Consolidated School Rd, Edgerton, WI 53534.

\_\_\_\_\_ WI Livestock Show Camp Participants Attending (Circle # of participants below) = \_\_\_\_\_

1 camper: \$125   2 campers: \$225   3 campers: \$325   4 campers: \$400   5 campers: \$475

\_\_\_\_\_ \$10 Pig fee per swine camper: \_\_\_\_\_

\_\_\_\_\_ 2015 Wisconsin Livestock Breeders Family Dues @ \$25 (required unless already pd) = \_\_\_\_\_

Total: \_\_\_\_\_

(Checks returned for NSF will be charged a \$25 fee)

# LIVESTOCK SHOW CAMP YOUTH HEALTH & EMERGENCY CONTACT INFORMATION

This information is confidential and will remain with WLBA staff in the case of a medical emergency

## Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Food Allergies. Please List: \_\_\_\_\_

\_\_\_\_\_ Allergic to bee strings. Explain \_\_\_\_\_

\_\_\_\_\_ Allergies to medicines including but not limited to penicillin. List/Explain: \_\_\_\_\_

**Medications:** Please list all prescription/non-prescription medications participant will require during camp, listing dosages, time medications are to be taken, and any sensitivity: \_\_\_\_\_

Other important health information or concerns WLBA officials should be aware of: \_\_\_\_\_

**Insurance Information:** Currently covered by insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_ Group #: \_\_\_\_\_

## Physician Information:

Physicians Name: \_\_\_\_\_ Clinic \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last medical examination: \_\_\_\_\_

## Parent/Guardian Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Alternate contact in case of emergency:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell \_\_\_\_\_

It is my opinion that \_\_\_\_\_ (child's name) has no physical, mental or communicable conditions that will interfere with participation in this program. I will notify the Wisconsin Livestock Breeders Association of any changes in health or prescriptions between now and departure for this event. I understand that my son/daughter will be supervised and that if illness or injury develops, medical and/or hospital care will be given but the WLBA and program staff are not responsible in case of accidental injury or illness. I or the alternate contact noted above will be notified as soon as possible in case of medical emergency. If a medical emergency arises, I give permission for emergency treatment as recommended by an attending physician. I agree to pay the cost of prescriptions and emergency transportation to medical facilities if necessary.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_