

# LIVESTOCK SHOW CAMP REGISTRATION

## JUNE 8, 2024

(Please fill out a registration form for each youth attending camp)

**Registration Postmark Deadline is May 31, 2024**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Parents Cell phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Youth participants must be between the ages of 8-21 as of January 1<sup>st</sup>, 2024.

Novice participants, age 6-7 as of January 1, 2024, will be accepted if accompanied by a parent.

***Parents are welcome and encouraged to attend with your child. Make this a learning event for the whole family!***

Youth Age (as of 1/1/24) \_\_\_\_\_ Sex \_\_\_\_\_  Attending Parent Sex \_\_\_\_\_

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

Beef  Sheep  Meat Goat  Swine

Please indicate whether you will bring your animal to work on. \_\_\_\_\_Yes \_\_\_\_\_No

Please list the number of parent(s) or another adult that will be staying with you: \_\_\_\_\_

- **Camp fees are \$75 per youth camper. Prices are all inclusive and include your individual species clinic, snacks, and lunch.**
- **Participants must be paid 2024 WLBA members. Annual dues are \$30 per family.**
- **Please make checks payable to WLBA.**

All 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 child is highly encouraged as it will enhance their experience.

Participants are asked to work out of their trailers, unless you are transporting animals by truck. Limited penning/stalling is available and anyone using pens or stalls will be required to clean their area before they leave. Grass surrounding your trailer will also need to be thoroughly raked and either taken home or disposed of.

What to bring: Bring what you would typically bring to a show. Feed, water buckets, hose, grooming supplies, halter, show sticks, pig whips, etc... Optional: Lawn chairs and a cooler with additional beverages.

For more information, please contact Jill Alf at (608) 743-9080 after 5 pm or email the WLBA office at [wisconsinlivestockbreeders@gmail.com](mailto:wisconsinlivestockbreeders@gmail.com). Registrations will be accepted until May 31<sup>st</sup>. Registrations may be taken after this date dependent on space, but please call the WLBA office to check availability. Participants registering by May 31<sup>st</sup> will be guaranteed a spot.

# 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 21. Your support is essential to keep these programs available to support our agricultural leaders of tomorrow. Annual family dues run from January 1, 2024 - December 31, 2024.

### \_\_\_\_\_ WLBA Membership – Annual Family Dues - \$30.00

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 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) membership directory page; includes your website link if one is available.
- Free 4-month, 3-line ad on the WLBA classified ad web-page.

Family Membership Name: \_\_\_\_\_

List Names of all youth participating under this membership (Immediate Family Only per Membership)

\_\_\_\_\_

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

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

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

### CAMP DEADLINE-MAY 31, 2024

**Please make checks payable to Wisconsin Livestock Breeders Association, mail to;  
5316 N Northwood Trace, Janesville, WI 53545.**

\_\_\_\_\_ WI Livestock Show Camp Participants Attending (\$75 per youth participant) \_\_\_\_\_

\_\_\_\_\_ 2024 Wisconsin Livestock Breeders Family Dues @ \$30 (required unless already pd) = \_\_\_\_\_

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

Camp Fees and Dues Can be Combined on One Check.  
(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. If you will be staying with your child the entire day, you do not need to supply this information.

## Youth Only 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: \_\_\_\_\_ 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 \_\_\_\_\_