



## Maryland 4-H Livestock Round-Up

July 6-8, 2009 | Frederick County 4-H Camp and Activity Center, Frederick, Maryland

**What:** A 3-day, 2-night event for 4-H youth interested in animals – to be held in a fun, camp setting!

**For:** 4-H youth, ages 11-18 (as of January 1, 2009)

**Where:** Frederick County 4-H Camp and Activity Center, 3702 Basford Rd, Frederick, MD 21703

### What we will do:

- Workshops – sign up for a tract in Beef, Goats, Sheep or Swine
- Field Trips - to area animal-related businesses
- Barnyard Olympics- good old-fashion fun
- Junior Stockman's Event – test your animal knowledge and skills
- Guest Speakers
- Animal Photo Contest
- Recreation
- Swimming
- Campfire/Western Dance
- Round-Up BBQ

**Registration:** Hurry! Registration is limited to the first 80 youth to turn in their registration packet. All registrations must be received by June 1, 2009.

**Registration fee:** \$100.00 (includes 2-nights lodging, evening snack on Monday, 3 meals on Tuesday and Wednesday, transportation on field trips, insurance and activity costs.)

**Overnight facilities:** Enjoy two nights in the Frederick County 4-H Camp & Activity Center's comfortable cabins! Please bring along twin bed sheets/blankets or a sleeping bag and pillows.

NOTE: MCE Volunteer/Staff chaperones will be provided that may/may not be from the county in which the member has 4-H membership.

## What to bring:

- Comfortable clothes to wear outdoors
- Sturdy shoes (no sandals or bare feet)
- Jacket
- Personal care items i.e. toothbrush, soap, towels, etc.
- Swimsuit and a towel
- Bug repellent and Sunscreen
- Flashlight
- twin bed sheets/blankets or a sleeping bag and pillows
- flip flops for showering
- Animal photo, if competing in the contest
- **Note:** Medications must be in original prescription container with clear directions for administration by the medical officer on site.

## Tentative Schedule:

### Monday, July 6

6:00-7:00p	Arrival/check-in (dinner will not be provided)
7:00-8:30p	Welcome/Warm-Up Activities/ Guest Speaker
8:30-10:00p	Barnyard Olympics/Snacks
10:00-11:00p	Report to Cabins
11:00p	Lights Out

### Tuesday, July 7

7:30-8:30a	Breakfast
8:30a-12:00p	Tract Workshops
12:00p	Lunch
1:00-4:30p	Tract Workshops
4:30-6:00p	Free Time
6:00-7:00p	Dinner
7:00-11:00p	Campfire and Dance

### Wednesday, July 8

7:30-8:30a	Breakfast
8:30-9:30a	Tract Workshops
10:00a	Depart for Field Trips
12:00p	Lunch
1:00p	Field Trips Continue
3:00p	Return to Camp
3:00-4:30p	Free Time (swim, rest, play ball, etc)
4:30-6:00p	Junior Stockman's Event
6:00-7:00p	Round-Up BBQ
7:00p	Round-Up Adjourns

**Parents:** Join us for the Round-Up BBQ on Wednesday at 6:00pm. BBQ Ticket cost is \$10/person.

## Animal Photo Contest Rules:

1. **EXHIBITORS WILL BE LIMITED TO A TOTAL OF ONE (1) ENTRY**
2. The contest will select the best livestock picture. Candid shots, scenic pasture views, or any picture featuring a livestock animal will be accepted.
3. All photos must have been taken by the 4-H member making the entry.
4. Three categories will be offered:
  - a. Single photo - must be at least 4" x 6" in size and not larger than 11" x 14"
  - b. Sequence - of two or four related pictures matted on one board. Not to exceed 16"x30"
  - c. Photo Story - 4 or more pictures/collage telling a story, mounted on one board. Not to exceed 16"x30"
5. All photos should be mounted on mat board or illustration board using spray adhesive, heat seal or other permanent mounting medium. Do not frame the photos and do not use clips of any kind. Photos may be mounted horizontally or vertically.
6. Do NOT cover photos with plastic, cellophane, or ANY other covering.
7. Digital entries are allowed, but all entries must be on photo quality paper, not regular letter paper.
8. The following information must be printed on the upper left-hand corner of the back of the mount: Exhibitor's Name, Age, 4-H County/City and Phone. A white 3" x 5" card must be taped to the top, back, right corner of the mount. The following information must be typed on the card: Title of Picture; Date Picture Taken; Name of Camera; Type of Camera; Kind of Film Used.
9. **Judging:** composition (40 pts); storytelling ability; (30 pts); photo quality (20 pts); developing & printing (5 pts).

# Maryland 4-H Livestock Round-Up

July 6-8, 2009 | Frederick County 4-H Camp and Activity Center, Frederick, Maryland

## Registration Form (NOTE: Registration is limited to the first 80 youth participants)

**Return this form along with payment by June 1, 2009 to the Maryland 4-H Center**

The Maryland Cooperative Extension (MCE) is collecting information in order to enroll you in the MCE sponsored event, Maryland 4-H Livestock Round-Up. If you do not provide the requested information you may not be able to attend nor receive the event information. The information you provide may be shared with MCE and short-term appointed volunteers or instructors. Information provided to MCE may also be shared among offices within the University of Maryland and the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act (the "Public Records Act"). Individuals may inspect and/or correct their personal information as provided by the Public Records Act and/or other applicable law or University Policy.

**Please print or type all information.**

Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_ Gender: F\_\_ M\_\_ Birthdate: \_\_/\_\_/\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size (please circle): Adult-Sm      Adult-Med      Adult-Lg      Adult-XL      Adult-XXL

Do you have any special needs (dietary, medical, accessibility, etc.)? No\_\_\_ Yes\*\_\_\_ \*You will be contacted for further details.

**CHOOSE YOUR TRACT:**

Please rank in order (1 - 4, 1 = first choice) your preference in attending the following animal tracts:

Beef \_\_\_\_\_ Goats \_\_\_\_\_ Sheep \_\_\_\_\_ Swine \_\_\_\_\_

I will have an entry in the Livestock Photo Contest: No\_\_\_ Yes\_\_\_ (see attached information sheet for Photo Contest Rules)

Registration Type		Amount	Total
3-Days/2 Nights	<i>Fee includes meals, lodging, facility, insurance and all activity costs</i>	\$100/person	
Parent ticket for Round-Up BBQ	<i>Wednesday, July 8, 6:00p</i>	\$10/person	

**Participants must provide these items to attend the Maryland 4-H Livestock Round-Up:**

**Check/Money Order** *made payable to MD 4-H Foundation.*

**4-H Code of Conduct** *(must be signed and on file in the County office.)*

**4-H Health Form** *(NOTE: Health Exam is not needed for participation in this event.)*

**Release & Informed Consent Form** *(enclosed with this packet)*

**COUNTY EXTENSION OFFICE:**

*In signing below, I verify that the above named 4-H member is currently enrolled and (circle one):  
( does / does not ) have a signed Maryland 4-H Code of Conduct on file in the County/City Extension Office.*

\_\_\_\_\_  
4-H Extension Educator's Signature

\_\_\_\_\_  
Date

Mail forms and payment to: Maryland 4-H Livestock Round-Up, Maryland 4-H Center, 8020 Greenmead Drive, College Park, MD 20740

**Important! – Registration is limited to the first 80 youth who sign-up.**  
**All registrations are due June 1, 2009 to the Maryland 4-H Center**



**UNIVERSITY OF MARYLAND  
MARYLAND COOPERATIVE EXTENSION  
PARENTAL RELEASE AND INFORMED CONSENT FORM**

**PROGRAM:** Maryland 4-H Livestock Round-Up

**DATES:** July 6-8, 2009

My minor child/children, as listed below, have my permission to fully participate in all activities associated with the above 4-H program (Maryland 4-H Livestock Round-Up) sponsored by Maryland Cooperative Extension ("MCE"). In connection with and consideration of my child's/children's participation in the Program, I, on behalf of my child/children and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any camp and/or animal related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death.
2. I understand that my child is not in any way required to participate in the Program, but I want him/her to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that my child has no physical, health related or other problems which would preclude or restrict their participation in the Program or otherwise render their participation dangerous or harmful to them or others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

\_\_\_\_\_  
Signature of Parent/Guardian Having Care and Custody of Participating Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Emergency Telephone Number

Participating Child:

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

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

Age: \_\_\_\_\_

*It is the policy of the Maryland Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, sex, religion, disability, age or national origin.*

**UNIVERSITY OF MARYLAND  
MARYLAND COOPERATIVE EXTENSION  
OVER 18 RELEASE AND INFORMED CONSENT FORM**

**PROGRAM:** Maryland 4-H Livestock Round-Up

**DATES:** July 6-8, 2009

I wish to participate in all activities associated with the above 4-H program (Maryland 4-H Livestock Round-Up sponsored by Maryland Cooperative Extension ("MCE")).

In connection with and consideration of my participation in the Program, I, on behalf of myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any camp and/or animal related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death.
2. I understand that I am not in any way required to participate in the Program, but I want to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that I have no physical, health related or other problems, which would preclude or restrict my participation in the Program or otherwise render my participation dangerous or harmful to them or others. I further represent and warrant that I have adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the Program and related activities.
5. I agree to abide by all rules and regulations applicable to participation in the Program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Participant

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

*It is the policy of the Maryland Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, sex, religion, disability, age or national origin.*



# Maryland Cooperative Extension Adult and Youth Health Form

Youth     Adult

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle Initial Nickname

Age as of Jan. 1 of current year \_\_\_\_\_ Birth date \_\_\_\_\_

Complete Home Address \_\_\_\_\_ Telephone: day ( \_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ Telephone: evening ( \_\_\_\_ ) \_\_\_\_\_

Name of Custodial Parent/Guardian \_\_\_\_\_

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_ Work Telephone ( \_\_\_\_ ) \_\_\_\_\_

Name of Non-Custodial Parent/Guardian \_\_\_\_\_

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_ Work Telephone ( \_\_\_\_ ) \_\_\_\_\_

If Parent/Guardian is not available in an emergency, contact: \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ Relationship to Individual \_\_\_\_\_

Family Primary Care Physician \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

No Insurance Coverage

Insurer requires authorization from primary care physician prior to treatment.

## Health History

Check all that apply; give approximate date of onset

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Frequent Ear Infections      | <input type="checkbox"/> Heart Defect/Disorder                | <input type="checkbox"/> High Blood Pressure         |
| <input type="checkbox"/> Seizure Disorder/Convulsions | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Bleeding Clotting Disorders |
| <input type="checkbox"/> Mononucleosis                | <input type="checkbox"/> Sleep Walking                        | <input type="checkbox"/> ADD/AD HD                   |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Chicken Pox                          | <input type="checkbox"/> Measles                     |
| <input type="checkbox"/> German Measles (Rubella)     | <input type="checkbox"/> Mumps                                | <input type="checkbox"/> Hepatitis                   |
| <input type="checkbox"/> Menstrual Cycle Started      | <input type="checkbox"/> Urinary Tract Infection              | <input type="checkbox"/> Head Injury                 |
| <input type="checkbox"/> Bed Wetting                  | <input type="checkbox"/> Recent Surgery: Please explain _____ |  |

Please list any additional important health information or dietary restrictions.

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

**Allergies** Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Insect Stings* | <input type="checkbox"/> Iodine                             |
| <input type="checkbox"/> Poison Ivy, Oak, etc. | <input type="checkbox"/> Penicillin     | <input type="checkbox"/> Other allergies: Please List Below |
| <input type="checkbox"/> Insect Bites          | <input type="checkbox"/> Sulfa          | <input type="checkbox"/> Foods allergies: Please List Below |

\_\_\_\_\_  
\_\_\_\_\_ This individual requires immediate medical attention for treatment of allergies — please specify.  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note if epinephrine is with adult/child

Name \_\_\_\_\_  
Housing \_\_\_\_\_  
Program \_\_\_\_\_  
Year \_\_\_\_\_

## Immunization History

Please record month and year of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria		
Pertussis		
Tetanus		
Chickenpox		
Oral Polio		
Injectable Polio		
Measles		
Mumps		
Rubella		
TB Test		
Haemophiles influenza B	/ /most recent:	
Hepatitis B		
Other		

## Medications

Please list ALL medications the individual routinely takes. Bring at least enough medication to last for the program's duration. Keep medication in the original container, which identifies the name of the medication, its dosage, and frequency of administration; the prescription number; and the physician's name and phone number.

### Prescription

Medication	Dosage	Specific Times Taken	Reason For Taking

### Non-Prescription

Medication	Dosage	Specific Times Taken	Reason For Taking

Individual requires no regular medication.

I give permission to the selected MCE staff or volunteer to administer the medications listed above, along with any of the following additional medications that I have checkmarked, if the staff or volunteer deems it necessary.

Acetaminophen       Aspirin       Ibuprofen       Pepto Bismol  
 Calamine lotion       Immodium AD       Cough drops       Sunscreen

Dosages will be administered according to directions on the container unless a physician directs otherwise. Additional information, for medical staff only, may be attached in sealed envelope.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian if participant is under 18 years old

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date



# Personal Identification Form

In an effort to provide a safe and enjoyable educational experience, we ask that you complete this information. This information will be used in case of an emergency to help mobilize assistance and to distribute to those providing assistance.



Participant's Name \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Individual's Physical Description \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Glasses  Yes  No Contacts  Yes  No

Facial Features/Shape \_\_\_\_\_

Teeth (Normal, gaps, chipped, braces, etc. ) \_\_\_\_\_

Distinguishing Marks/Scars \_\_\_\_\_

Physical Condition \_\_\_\_\_

Mental Condition \_\_\_\_\_

Emotional Condition \_\_\_\_\_

Hobbies & Interests of Individual \_\_\_\_\_

Personal/Family situation that could cause concerns: \_\_\_\_\_  
\_\_\_\_\_

Other habits/personality information that could be helpful \_\_\_\_\_