

# Southern Idaho Livestock Judging Camp

JULY 15 - 17TH, 2008  
JEROME COUNTY FAIRGROUNDS  
JEROME, IDAHO

Animal Evaluation and  
Oral Reasons  
Learn from the best!

## The Camp

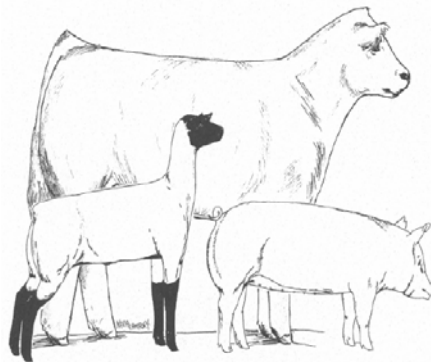
Camp focuses on livestock evaluation with an emphasis on oral reasons. Livestock classes to be offered will include Market and Breeding Beef, Sheep and Swine. Classes are sponsored by Idaho's livestock breeders. Primary target for the camp is youth ages 13-18. The camp cost is \$75, including adults (\$65) that wish to participate, this covers 4 meals, one banquet dinner, judging manual and judging notebook.

## The Trainers

**Casper College** instructors and livestock judging team members along with **Oregon State University** instructors and livestock judging team members will be the presenters.

## Judging Contest

The final day will conclude with a Judging Contest. Plan to attend! Awards will be presented. Contest is open to anyone wanting to participate. Cost is \$15 per Team. Those attending camp fee is included.



## Tentative Agenda

### July 15th (Tuesday)

10 am Check-in

11:30 Lunch on site

12:30 Overview of Livestock Evaluation

1:30 pm **Sheep**: Visual Appraisal, Performance, Oral Reasons.

5:30 - 7 pm BBQ; **Oral Reasons** - demonstration & skill building

### July 16th (Wednesday)

Breakfast on your own. (Contal. Brkft. at Hotel)

8 am **Swine**: Visual Appraisal, Performance, Oral Reasons.

12 noon Lunch on site

1:30 - 5 pm **Beef**: Visual Appraisal, Performance, Oral Reasons.

6:30 Banquet (Dress should be western up-scale, (pressed jeans or slacks, shirt/blouse) Topics include; College Oral Reasons, College Outlook and overview.

### July 17th (Thursday)

Breakfast on your own. (Contal. Bkft. at Hotel)

8:30 am Judging Contest

12:30 Lunch on site

2 pm Awards and Final Thoughts

**Contact: Cindy Kinder 208-934-4417**  
**University of Idaho, Area Extension Educator**

**Gooding county Extension**  
**203 Lucy Lane**  
**Gooding, ID 83330**







# University of Idaho Extension

## REGISTRATION FORM

Current medical form must be on file.



Southern Idaho Livestock Judging Camp

June 15<sup>th</sup> – 17<sup>th</sup>

Location: Jerome County Fairgrounds,  
Jerome, Idaho

\_\_\_\_\_  
School or Club Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address of Contact Person

\_\_\_\_\_  
Phone number (s) please include cell  
phone for emergency contact

List youth name, ages, and if novice

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

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

### General Information:

**Registration Deadline:** (Postmarked by)

**Early Bird June 2<sup>nd</sup>**

Late Registration June 13<sup>th</sup>

**Fee:**

Youth Early Bird Reg. \$75

Late Registration \$100

Adult \$65

**Send Registration to:**

Gooding County Extension

203 Lucy Lane

Gooding, ID 83330

**Make Checks payable to:**

*Gooding County Extension*

Camp Fees

Youth \_\_\_\_\_

Adult \_\_\_\_\_

Total Fees \_\_\_\_\_

I/We give my child permission to participate in the above camp. I have read and understand the Code of Conduct and Responsibilities in the General Rules. I agree that you may photograph my child and give my permission for photos to be used in displays or any media.

\_\_\_\_\_  
Leader/Advisor Signature

Office use only

Registration Form

Medical Form

Fees Received

Scholarship

\_\_\_\_\_

# Health Information and Medical Release

**General Information:**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Male  Female

\_\_\_ Is this the first time the camper has been away from home? \_\_\_ Is this the campers first time at an overnight camp?

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

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment \_\_\_\_\_

If the above named person is not available, In case of emergency contact:

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
Home Work

Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Health Information:**

Is the camper allowed to take: Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_  
 Is the camper taking any medications? \_\_\_\_\_

If yes, please complete "RECORD OF DISPENSING MEDICATIONS TO CHILDREN AT 4-H CAMP" form.  
 Please make sure you indicate all health problems or concerns regarding camper. Is camper prone to (please circle):

|                    |                       |                 |                    |
|--------------------|-----------------------|-----------------|--------------------|
| Abdominal Pain     | Constipation          | Epilepsy        | Nose Bleeds        |
| Allergies (list) * | Cramps (when)**       | Fainting Spells | Sleep Walking      |
| Asthma             | Diabetes              | Hay Fever       | Tonsillitis        |
| Bed Wetting        | Ear/Sinus Infections  | Headaches       | Wears Contact Lens |
| Chronic Conditions | Emotional Disturbance | Heart Condition |                    |

\*Allergies \_\_\_\_\_

\*\*Cramps \_\_\_\_\_

Are there any restrictions from participating in any physical activity? Yes No

Recommendations and restrictions (diet, swimming, diving, etc.)

Special Diet Requirements: None Nuts Milk Other (list)

Family Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Parent Consent Information:** *As parent/guardian I/we understand there is additional exposure of the camper to mishaps or accidents. I/we accept this additional risk and release Central Idaho 4-H Camp, Inc., its Board of Directors and employees, and the University of Idaho Extension from liability for any incident which might occur while participating in such activity or travel to or from camp. I/we give permission for 4-H Camp Program and its representatives to obtain medical assistance for the above named camper, if necessary. I understand that American Income Life insurance provided through this program provides only limited protection for injuries which occur while participating and that I/we are responsible for all medical expenses not covered by program insurance. A limited medical form for any medical precautions is provided. Trip and Activity Description: I understand short field trips around the camp area will be taken and my child will participate in all workshops and activities. This may include sports, hikes, and other planned activities in camp program.*

I HAVE SIGNED BELOW GIVING PERMISSION TO THE CAMP CAREGIVER SELECTED BY THE CAMP DIRECTOR TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED ABOVE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Southern Idaho Livestock Judging Contest

Registration (includes lunch fee)

Return this form and the \$25 per Team fee to:

**Gooding County Extension Office**

**203 Lucy Lane**

**Gooding, ID 83330**

**Registrations & Fees Must Be Received By July 1, 2008**

**Make checks payable to: *Gooding County Extension***

**All ages as of January 1, 2008**

County \_\_\_\_\_ Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Team Name \_\_\_\_\_

| Contestant's Name | Age (Jan. 1) | Number (Office Use) |
|-------------------|--------------|---------------------|
|-------------------|--------------|---------------------|

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 3. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 4. _____ | _____ | _____ |
|----------|-------|-------|

County \_\_\_\_\_ Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Team Name \_\_\_\_\_

| Contestant's Name | Age (Jan. 1) | Number (Office Use) |
|-------------------|--------------|---------------------|
|-------------------|--------------|---------------------|

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 3. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 4. _____ | _____ | _____ |
|----------|-------|-------|

**Total # of contestants:** \_\_\_\_\_ **Total enclosed:** \_\_\_\_\_