Come Join in on the Fun at the

2012 Iowa Youth Dairy Coalition!!

April 13th-14th

Baymont Inn
Coralville, IA

Farm Tour at
Cedar Valley Farms
Blairstown, IA

For more information contact:

ISU Dairy Science Club
Katie Adams
cell: 563-920-4571 e-mail: kra@iastate.edu

Emily Simon
cell: 563-451-8439 e-mail: egsimon@iastate.edu

***Registration is due March 21st***
IOWA JUNIOR DAIRY COALITION
CONFERENCE REGISTRATION
Friday, April 13th and Saturday, April 14th, 2012
Baymont Inn, Coralville, Iowa.

PARTICIPANT’S NAME______________________________________ AGE_____ SEX______

ADDRESS: __________________________________________________ PHONE: ______________________

CITY: __________________________ STATE: __________ ZIP: __________________

Does youth have a roommate preference? ______ Please list name(s) of preferred roommates.

The conference coordinators will attempt to honor rooming requests; however, not all requests can be guaranteed.

The following portion pertains to safety of conference goers and must be signed by a parent or guardian of the
participant. Medical information will be kept confidential and used only in the case of an emergency.

“I give permission for ______________________________ to participate in the Iowa Junior Dairy Coalition Conference. I understand that the conference coordinators will make every attempt to ensure safety of the youth participants and provide proper chaperones for the event. I also release the conference coordinators of liability related to accidents which may, by chance, occur at or related to the conference.”

Signed __________________________

Date __________________________

Does participant have any medical condition which may limit certain activities? _____________________
If yes, please specify condition: ____________________________________________________________

Is participant currently taking any medications? ______ If yes, list: ________________________________

Please list any allergic reactions youth has: ______________________________________________________

Please list your skill level for quiz bowl (1-5, 5 is strong) ________________________________

Would your parents like to attend the Saturday Banquet (12:00)? Extra meals can be reserved by including $10.00 per additional meal with your registration fee. Number of extra meals to reserve: ______

T-shirts are available for all participants of the Coalition and the cost is included with the registration cost. The cost of extra shirts will be $10. WE WILL BE ORDERING YOUTH SIZES AS WELL THIS YEAR.

Size of T-shirt(s): ________________________________

Direct questions regarding the conference to: Katie Adams (563-920-4571) or Emily Simon (563-451-8439)

Please return registration form by March 21 to: Iowa Junior Dairy Coalition
Attn. Katie Adams
123 Kildee Hall, ISU
Ames, IA 50011

This year part of the Coalition experience includes a trip to a farm in the Blairstown area. We will need the parent’s permission (signature on the line below) to allow your kid(s) to go. There will be a school bus driver driving a school bus to the farm. It will be a direct route with no stops.

Parent’s/Guardian Signature: ________________________________

Please include a payment of $25 registration fee with this form. Registration fee includes meals, lodging, and program costs. Please also include $10.00 for each additional banquet meal reservation requested. Make checks payable to: ISU Dairy Science Club.
Hi Everyone!

It’s that time of year again! The 2012 Junior Dairy Coalition will be quickly approaching! This year we will be travelling to Coralville, Iowa to stay at the Baymont Inn and will be visiting Cedar Valley Farms in Blairstown. We have a great planning committee that has lots of fun things in the works and can’t wait to see you all! There are three sections of the registration form to fill out; general info, parental permission form, and a health info form. Please fill all three out and mail back to the Dairy Science Club office (address on form) by March 21st. If you will be sending in an application a little late just call one of us ahead of time and let us know so that we can save a space for you! Enjoy the beautiful spring weather, and we look forward to seeing you in April!

Sincerely,

Katie Adams
(563) 920-4571

Emily Simon
(563) 451-8439
2012 Iowa Junior Dairy Coalition
Iowa State University of Science and Technology – ISU Dairy Science Club
Parental Permission Agreement, Release and Waiver of Liability and Medical Information

This form must be read and completed by the parent or legal guardian of each participant (under the age of 18) who takes part in the 2012 Iowa Junior Dairy Coalition on April 13th and 14th 2012. Lodging will be at the Baymount Inn in Coralville, IA.

PLEASE READ THIS DOCUMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGES WHILE PARTICIPATING IN THE 2012 IOWA JUNIOR DAIRY COALITION.

I, _______________________________, (parent or legal guardian) request permission for my child, __________________________, (participant name) to participate in the 2012 Iowa Junior Dairy Coalition sponsored by the Dairy Science Club, a recognized student organization at Iowa State University.

In consideration of Iowa State University allowing my child to participate in the 2012 Iowa Junior Dairy Coalition, I agree to and understand the following:

1. Dairy Science Club is offering my child a voluntary opportunity to participate in activities, swimming, meals, and an off-site farm tour in the Blairstown, Iowa area during the 2012 Iowa Junior Dairy Coalition. I acknowledge that my child will be under the supervision of the Dairy Science club student members and faculty/staff chaperone during that time period.

2. Transportation to and from the farm tour will be provided on a school bus.

3. My child will stay overnight in a hotel room with 1-3 other students of the same gender and of similar age. A Dairy Science Club student chaperone will stay overnight in the room with my child and the other participants.

4. It is important to follow the directions of the Iowa Junior Dairy Coalition leaders and to abide by the rules and conduct expectations for participants. Each participant has the responsibility to help make the activities a safe experience for everyone through good behavior and conduct.

I, ___________________________ (parent or legal guardian of child participating) hereby RELEASE from LIABILITY, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Dairy Science Club, Iowa State University, State of Iowa, the Board of Regents - State of Iowa, and any of the officers, servants, agents and employees of the aforementioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

By signing this Parental Permission Agreement, Release and Waiver of Liability and Medical Information form, I state that I have read and understand the conditions set forth and that I agree to all conditions set forth herein, and that I sign this voluntarily.

____________________________  ______________________________
Date      Parent/Guardian Name (please print)

________________________________
Signature of Parent or Guardian
MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:                           Backup Contact (Relative or Friend):
Name ______________________________          Name__________________________________
Relation to Participant ___________________     Relation to Participant_______________________
Daytime Phone ( ) _______________________    Daytime Phone ( ) __________________________
Evening Phone ( ) _______________________     Evening Phone ( ) __________________________

INSURANCE INFORMATION

PLEASE INDICATE YOUR HEALTH INSURANCE STATUS BELOW.

Iowa State University does not provide health or accident medical insurance for participants in student/campus organization activities.

☐ No  If no, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry insurance for you. __________

☐ Yes   The above-named participant is covered by health insurance.  
If yes, please provide the following information for use in the event that treatment is necessary.

Policy Holder’s Name _____________________ Relationship to Participant ____________________
Policy Holder’s Phone #__________________________
Address ___________________________________ City, State, Zip ______________________________
Insurance Company Name___________________________________________________________
(IF KNOWN) Insurance Company Customer Service Phone #____________________________

**EVERY PARTICIPANT MUST SIGN AND DATE THIS AGREEMENT**

BY SIGNING THIS PARTICIPATION AGREEMENT, I STATE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS SET FORTH HEREBIN AND THAT I SIGN THIS FORM FREELY AND VOLUNTARILY.

________________________________________  ______________________________________
PARTICIPANT NAME (please print)                 *PARENT/GUARDIAN NAME (please print)

________________________________________  ______________________________________
PARTICIPANT SIGNATURE                         *PARENT/GUARDIAN SIGNATURE

________________________________________  ______________________________________
DATE                                                                                  *DATE

*If Participant is under 18 years of age, the Participants parent/guardian must also sign this Agreement.