

**SHOWMANSHIP & FITTING CLINIC REGISTRATION FORM  
& STATEMENT OF UNDERSTANDING/AUTHORIZATION**

This form should be completed prior to participation in the specified event. Please be sure that the completed form is given to the person in charge prior to the event's start.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In consideration of *(youth's name)* \_\_\_\_\_ having been accepted to attend the **Junior Beef Project Showmanship Clinic** on **Saturday, March 14** from **10 a.m.-3 p.m.** at the **Walworth County Fairgrounds Activity Center in Elkhorn, WI**, I hereby release the sponsors, their employees and volunteer chaperone(s) from any financial responsibility for sickness/accident to him/her while in transit to, transit from, and in attendance of this event. I hereby authorize the event's responsible person to incur expense considered necessary to ensure prompt attention in case of serious sickness/accident. I agree to pay for necessary expenses incurred, if this is not covered by an accident/sickness insurance policy.

Additionally, I hereby give consent to the official chaperone(s) to use reasonable disciplinary action with my son/daughter while in attendance at the above authorized event. I have received information regarding expected behavior of youth at this activity and have discussed it with my son/daughter.

Signed: \_\_\_\_\_

*(Parent or Legal Guardian)*

If your son/daughter is currently taking any medicine or has any allergies, please list them below:

Medicine: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, please indicate where you can be reached. (If necessary, use a friend's phone number).

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Night Phone Number: (\_\_\_\_) \_\_\_\_\_