

**UGA Livestock Judging Camp
Registration Form**

Participant Name: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

4-H Club/FFA Chapter _____ Email: _____

Grade: _____ Shirt Size: YS YM YL YXL AS AM AL AXL

Agent/Teacher/Person bringing participant: _____ Phone: _____

*The above listed person is responsible for the supervision of the participant during camp, at various camp activities and hotel. This person should also maintain a copy of attendees' medical release and code of conduct forms.

Emergency Contact: _____ Phone: _____

Camp Preference: June 24-26 June 27-29

In an effort to provide more individualized training, there will be a cap of 65 participants for each camp.
Extenuating circumstances will be handled individually.

Experience Level: **None 1-2 years 3+ years**

Have you given a set of oral reasons in the last year? **YES NO**

Please list any food ALLERGIES _____

Return (1) Registration Form, (2) Participation Agreement & Media Release,
(3) Medical Release, (4) Authorization to Administer Medication (5) Code of Conduct
and (6) payment by **May 20th**.

Make checks payable to:

Georgia 4-H Foundation

Memo: UGA Livestock Judging Camp

Mail all forms and payment to:

Sarah Loughridge

University of Georgia

Edgar Rhodes Center

425 River Road

Athens, Georgia 30602

