

2022 S.L.A.P. XII Registration Instructions and Workshop Contacts

****Please use it as a checklist to ensure all necessary documents are sent.**

Participant (Pages 2-4)

1. ___Registration/Health Profile
2. ___Behavioral Expectations
3. ___Photo of Participant
4. ___Copy of Health Card

Adult (for participants under 18) (Pages 5-11)

1. ___Completed Registration form for attending adult
2. ___Parental Contract (completed if parent is attending or not)
3. ___Health Profile for Adult Attending
4. ___Temporary Guardianship form (if parent not attending)
5. ___Temporary Guardian Contract (if parent not attending)
6. ___Photo ID of Adult Attending
7. ___Health Card of Adult Attending

****NOTE:** In the event a parent/court appointed guardian is unable to attend with a minor child a Temporary Guardianship must be appointed-forms and instructions included in registration paperwork.

NEW FOR 2022

Seniors, join us this year to showcase your skills with our new **Master Program**. Participants will navigate and be judged on tasks like washing, bedding, fitting, showmanship, and sportsmanship. Learn from the pros about feeding and nutrition, cattle health, and the show circuit. This class is reserved for senior-aged entrants who have previously participated in Show Like A Pro and feel comfortable with their skillset to journey the weekend with hands-free guidance in a competitive atmosphere. Special prizes will be given to the top three participants showcasing themselves and animals.

Before submitting Registrations and Health Profiles check that:

___**ALL** lines are filled in with either requested information, or **N/A** if not applicable.

___**If minor child (age 8-17) and parent unable to accompany:** Appointment of temporary guardian (minimum age 21) completed, signed by parent and temporary guardian. (Make 2 copies, one to send in and one for the guardian to keep with themselves)

___**Payment is enclosed**-checks written to "MD PDCA" with "SLAP" on comment line.

Workshop Committee Contacts if you cannot determine the answer by fully reading the information online:

For information re: Registration paperwork or human health issues:

Michelle Gerhart mnparmiter@gmail.com 301-471-5931

For information re: Animals or Shows:

Ryan Haines haines52@vt.edu 443-340-9872



MARYLAND DAIRY YOUTH WORKSHOP: SHOW LIKE A PRO XII
Presented by the SHOW LIKE A PRO Program Committee in partnership with the MD PDCA
Saturday June 4 -Sunday June 5 2022 at the Frederick Fairgrounds, Frederick MD
Show Like A Pro (SLAP) Program Registration 2022 pg. 1 of 3

Participant Packet

NOTE: Acceptance is not final unless the following has occurred:

- 1. ALL paperwork completed in full and reviewed by the SLAP Committee**
- 2. Payment has been received and deposited**
- 3. You have received formal notice of your acceptance**

For information that does not apply to the child please put N/A on the line.

Full Name of child _____ (print legibly)

Birth date _____ Age of child on Jan. 1, 2022 _____

Address _____

T-Shirt Size _____ (Adult XS, S, M, L, XL, 2XL, 3XL)

Name of adult who will be with child at the workshop _____

Relationship to child () parent () guardian

Cellphone of adult with child at workshop _____ Able to text Yes No

Email _____

Name of parent/guardian(s) of minor child (print legibly)

Emergency contact for minor attendee in case parent/guardian is unable for any reason to fulfill parental responsibilities during the event:

(Name) _____ (Relationship) _____ Contact# _____

Attach photo of participant _____ (check here)

Attach copy of health insurance card _____ (check here)

YEARS SHOWING AS A JUNIOR _____ .

BREED OF ANIMAL child is bringing _____ .

HEIFERS ONLY, no animals in milk—birthdate of heifer: _____

CLIPPING LEVEL: (please circle one) **BEGINNING** _____ **INTERMEDIATE** _____ **FIT-OUT** _____ .

New Master Program _____ (Read Instructions page for more information)

If you are attending with others and wish to be stalled together please list name of person (s) _____

Animal Health: PLEASE NOTE ALL ANIMALS ARE REQUIRED TO HAVE AN RFID TAG

Health Papers required for your animal-use the following resources.

<http://mda.maryland.gov/AnimalHealth/Pages/Fairs-Shows.aspx> (2022 Fair & Show Requirements and Forms for Download)
<https://mda.maryland.gov/AnimalHealth/Documents/2021%20MD%20Fair%20and%20Show%20Requirements.pdf> (pdf file of 2022 MDA Policy for Fairs and Shows Reference Document)

Health Profile

SLAP personnel are not responsible for the collection, administration or storage of medications or other health care maintenance. This is the responsibility of the parent, or the temporary guardian, appointed by the parent as well as any liability for loss or incorrect administration of medications. Our role is limited to **bystander emergency care, activation of the EMS and providing a copy of this form to the emergency care providers. Please be sure to include insurance information both for yourself and any youth you are responsible for while at the workshop.** Copy and attach both sides of your card to this form. Note any medications that need to be with this participant at all times examples: EpiPen, NTG, and inhaler. These meds must be carried by the adult accompanying the child.

MEDICAL: Do you have any pertinent medical conditions we should know of? (Ex. Heart problems, circulatory, stomach, muscle, respiratory, kidney, liver, diabetes)

ALLERGIC HISTORY (if no allergy be sure to write "NONE" under each of the 3 categories.

Medication Allergy Please list name of medication, type of allergic response (i.e. rash, collapse etc.) and treatment required (i.e. EpiPen etc.) Examples: penicillin, aspirin etc.

<u>Name of medication</u>	<u>Type of allergic response</u>	<u>Treatment needed</u>
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Environmental Allergy (examples: latex, tape, type of hay, insects etc.)

<u>Name of environmental substance</u>	<u>Type of allergic response</u>	<u>Treatment needed</u>
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Food Allergy (examples: nuts, seafood, gluten, etc.)

<u>Type of food**</u>	<u>Type of allergic response</u>	<u>Treatment needed</u>
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Food is available during the workshop for registered participants but if a participant has a food allergy we are unable to guarantee that meals are free of each and every possible allergen. Arrangements should be made to bring food from home for participants with food allergies and stored separately by the individual or parent/guardian. If extra meals are needed for additional adults who accompany those registered, donations will be accepted.

HEAD COUNT FOR MEALS already counted for registered child and the adult who accompanies them.

Extra meals available for \$5 per meal donation. Please fill in the number of extra meals if you wish to order (do not add in the 2 already allocated for registrants). Saturday lunch is not included but available for purchase if you are interested.

Extra meals: Sat. Dinner _____ Sun. Breakfast _____ Sun. Lunch _____

Payment:

Cost is \$60 for each registered participant ages 8-21 No cost for one parent/guardian with each minor. Meals include 3 meals plus snack.

Checks should be made out to MD PDCA with SLAP written in comment line.

Send registration information to:

Michelle Gerhart
13267 Coppermine Road
Union Bridge, MD 21791

Behavioral Expectations

Please have child complete and sign. Parents of children ages 8-17 must also sign.

Behavioral Expectations-participant to initial after each inside--> ()

1. I will be trustworthy and honest. ()
2. Respectful, courteous, polite and considerate to peers and adults. I will not interfere with others' ability to learn by my actions--Noisy, disruptive and roughhousing will not be tolerated. ()
3. I will follow any instructions from my parent or guardian, or the staff. ()
4. I will leave no trash of my own and properly dispose of any trash I see lying around prior to leaving. ()
5. I will be appreciative of the efforts of others, particularly the volunteers who gave up their weekend or ability to earn income by assisting with this event. Please be sure to listen to what they have to say, observe the skills and thank them for all they do. ()
6. I will offer help to others and make them feel welcome. Dairy industry friendships can last forever. ()
7. I will not use vulgar language or make discriminatory statements about or to others. ()
8. I will be prompt and not hold up others. ()
9. I will always exercise safety-use the buddy system to use restroom, and an adult/child buddy system when dark. ()
10. My parent/guardian is responsible for me and is to know where I am at all times. I am to be within their vision unless I have their permission otherwise. ()
11. Over 18 year old participants will be assigned separate lodging from minors with parents or guardians. No visiting between barns after lights out. ()

The following will not be tolerated; and law enforcement will be notified.

Possession of alcohol or illegal drugs.

Possession of weapons. (Penknife for appropriate barn usage only is allowed)

Possession of tobacco products by minors.

Smoking by adults must be 200 feet away from barns or show ring.

Misuse of prescription or nonprescription drugs.

Physical, verbal, emotional or mental abuse or threats.

Theft, destruction or abuse of property.

_____ Signature of participant

_____ Print legibly name of participant

_____ Parent signature for under 18 participant

_____ Guardian signature if applicable



MARYLAND DAIRY YOUTH WORKSHOP: SHOW LIKE A PRO XII

Presented by the SHOW LIKE A PRO Program Committee in partnership with the MD PDCA
Saturday June 4-Sunday June 5, 2022, The Frederick Fairgrounds, Frederick, MD

Show Like A Pro (SLAP) Program Registration 2022

Adult Registration Packet

NOTE: Acceptance is not final unless the following has occurred:

- 1. ALL paperwork completed in full and reviewed by the SLAP Committee**
- 2. Payment has been received and deposited**
- 3. You have received formal notice of your acceptance**

For information that does not apply to you please put N/A on the line. If more than one parent/guardian is attending, paperwork must be completed for all attending adults.

Full name of my child _____ (print legibly)

Full Name of parent: _____ Attending YES NO

Address of parent: _____

If No parent is attending and child is under 18: a temporary guardian must be appointed for weekend (21 and over)

Full Name of Guardian (if parent/guardian not attending) _____

Home email address: _____

Cellphone of parent/temporary guardian with child at workshop _____ **Able to text Yes No**

Email _____

Emergency contact in case parent is unable for any reason to fulfill parental responsibilities during the event:

(Name) _____ (Relationship) _____ Contact# _____

**All participants will be receiving a Show Like A Pro T-Shirt, adults may purchase T-shirts for \$20 each.
(Please include money with registration if you would like additional shirts)**

Number of T-shirts _____ Size of T-Shirt _____ (Adult XS, S, M, L, XL, 2XL, 3XL)

Temporary Guardian must be over 21 years of age

Attach photo ID of all parents or guardians attending

Attach Insurance Card of all parents/guardians attending

Health Profile FOR ACCOMPANYING ADULT

SLAP personnel are not responsible for the collection, administration or storage of medications or other health care maintenance. This is the responsibility of the parent, or the temporary guardian, appointed by the parent as well as any liability for loss or incorrect administration of medications. Our role is limited to bystander emergency care, activation of the EMS and providing a copy of this form to the emergency care providers. **Please be sure to include insurance information both for yourself and any youth you are responsible for while at the workshop. Copy and attach both sides of your card to this form.** Note any medications that need to be with this participant at all times examples: EpiPen, NTG, and inhaler. These meds must be carried by the adult accompanying the child.

MEDICAL: Do you have any pertinent medical conditions we should know of? (Ex. Heart problems, circulatory, stomach, muscle, respiratory, kidney, liver, diabetes)

ALLERGIC HISTORY (if no allergy be sure to write "NONE" under each of the 3 categories.)

Medication Allergy Please list name of medication, type of allergic response (i.e. rash, collapse etc.) and treatment required (i.e. EpiPen etc.) Examples: penicillin, aspirin etc.

Name of medication **Type of allergic response** **Treatment needed**

Environmental Allergy (examples: latex, tape, type of hay, insects etc.)

Name of environmental substance **Type of allergic response** **Treatment needed**

Food Allergy (examples: nuts, seafood, gluten, etc.)

Type of food** **Type of allergic response** **Treatment needed**

Food is available during the workshop for registered participants but if a participant has a food allergy we are unable to guarantee that meals are free of each and every possible allergen. Arrangements should be made to bring food from home for participants with food allergies and stored separately by the individual or parent/guardian. If extra meals are needed for additional people who accompany those registered, donations will be accepted.

HEAD COUNT FOR MEALS already counted for registered child and the adult who accompanies them.

Extra meals available for \$5 per meal donation. Please fill in the number of extra meals if you wish to order (do not add in the 2 already allocated for registrants). Saturday lunch is not included but available for purchase if you are interested.

Extra meals: Sat. Dinner _____ Sun. Breakfast _____ Sun. Lunch _____

Payment: NO CHARGE TO ONE PARENT ATTENDING WITH CHILD

Cost is \$60 for each registered participant ages 8-21 No cost for one parent/guardian with each minor. Meals include 3 meals plus snack. Saturday lunch is available for purchase. Reservations requested for this and other extra meals for non-registrants during workshop.

Checks should be made out to MD PDCA with SLAP written in comment line.

Send registration information to:

**Michelle Gerhart
13267 Coppermine Road
Union Bridge, MD 21791**

S.L.A.P. Parental Contract

This form must be completed by parent of child age 8-17 ALL must complete!

LEGAL CONTRACT BETWEEN PARENT of MINOR CHILD AND SLAP WORKSHOP STAFF RELEASE OF LIABILITY And BEHAVIORAL RESPONSIBILITY CONTRACT

PROGRAM: Maryland Purebred Dairy Cattle Association: Show Like A Pro Workshop **DATE(S):** 6/4/22-6/5/22

My minor child, _____ (clearly print full name), will be attending The Maryland Dairy Youth Workshop "Show Like A Pro" from June 4 to June 5, 2022.

My child, listed above, will be accompanied by _____ who will have complete parental responsibility and decision-making in the safety, behavior and welfare of said child for the duration of the workshop, including travel to and fro. If the person listed above is not my child's parent I understand I must bestow upon them, with their full acceptance as documented by MD rules a temporary guardianship with required signatures.

The guardian will also need to complete a copy of this agreement, entitled "Guardian Contract". () parent's initials

I understand that my child's application will not be processed without either myself, or the guardian appointed by me according to MD law using the document included in the application, accompanying my child for the entire duration of the event. I understand that a guardian may not care for more than four (4) participants and may not be responsible for any other children during this time. () parent's initials

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

1. I am aware that program related activity can be hazardous. 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. The activity centers around, but is not limited to; working closely with large unpredictable animals, use of electrical appliances and involves an overnight stay. () parent's initials
2. I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release. () parent's initials
3. I represent and warrant that my child and I have no physical, health related or other problems which would preclude or restrict their/our participation in the Program or otherwise render their/our participation dangerous or harmful to them/myself or others. () parent's initials
4. I further represent and warrant that (a) my child/myself have adequate medical, health and/or other insurance for participation and (b) have attached a copy of their/our insurance. () parent's initials
5. I understand that the staff or agents of SLAP have no responsibility for the health care or safety of either my child or me beyond (a) accessing the emergency system and rendering first aid until emergency personnel arrive and (b) providing the EMS a copy of the health care information submitted by me as part of the registration paperwork of the Program. () parent's initials
6. I have documented all requested information and any other applicable information about the health of the child and me requested by the application for use in case of emergency. () parent's initials
7. I will safely store and administer all medications at the workshop, both my child's and my own. () parent's initials
8. If I am not able to accompany my child to the workshop I will completely disclose my child's health status and history and provide any medications, both prescription and OTC, to my legally appointed temporary guardian of my child as well as how to administer the medications. The guardian has been made aware they must keep medications where they cannot be accessed by others. () parent's initials
9. Should my child or myself 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. () parent's initials

2022 MARYLAND DAIRY YOUTH WORKSHOP: SHOW LIKE A PRO XII

Temporary Guardianship Form (if applicable)
***Only needed if parent unable to attend with their child.*

LEGAL PAPERWORK FOR APPOINTMENT OF A TEMPORARY GUARDIANSHIP IN MD FOR SLAP YOUTH WORKSHOP. (Print names and other information legibly)

I, _____, the parent of _____ appoint
_____ As temporary guardian for my child. The temporary guardian is over the age of
twenty-one (21) years. The relationship of the temporary guardian to my child is _____. The
temporary guardian shall be in loco parentis to my child.

This temporary guardianship includes travel time to and from, and for the duration of the Show Like A Pro Dairy Youth Workshop. The parent and temporary guardian understand that the temporary guardian assumes all parental responsibilities for the child, including medical care including administration and safe storage of medications. The temporary guardian has also been provided with all information related to the child's health in order to make health care decisions and to continue the child's regular health care needs. The temporary guardian is responsible for the child's general safety and behavior. Parent and temporary guardian acknowledge that the temporary guardian will be with the minor at all times, including overnight in the barn or otherwise included in the contract made with the workshop staff. Parent and temporary guardian are aware that the workshop staff is not responsible for the child.

Parent:

Adult Appointed as Temporary Guardian:

Parent's signature

Temporary Guardian's signature

Parent's printed name

Temporary Guardian's printed name

_____ Date

_____ Date

_____ Emergency Contact #

_____ Emergency Contact #

TEMPORARY GUARDIAN CONTRACT

LEGAL CONTRACT BETWEEN LEGAL GUARDIAN AND SLAP WORKSHOP STAFF RELEASE OF LIABILITY And BEHAVIORAL RESPONSIBILITY CONTRACT / STAFF RESPONSE TO DEVIATION

PROGRAM: Maryland Purebred Dairy Cattle Association: Show Like A Pro Workshop **DATE(S):** 6/4/22-6/5/22

Guardian contract of agreement of responsibility.

Agreement of Understanding between SLAP Staff and Guardian

The minor child, _____ (clearly print full name), will be attending The Maryland Dairy Youth Workshop "Show Like A Pro" from June 4 to June 5, 2022.

The child, listed above, will be accompanied by myself, _____ (please print your full name clearly) as temporary guardian by parental request and creation of a temporary guardianship per the rules of the state of Maryland. I agree to this arrangement. I represent and warrant that the child's parent(s) provided me with the knowledge needed to fulfill my responsibilities. I understand that complete parental duties and decision-making in the safety, behavior and welfare of the child is my responsibility during the workshop. () guardian's initials

I understand that I cannot serve as legal guardian for more than four (4) participants, nor can I care for additional children, including my own, during the workshop. I understand that I must be with the participant(s) for the entire duration of the event. () guardian's initials

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

1. I am aware that program related activity can be hazardous. 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. The activity centers around, but is not limited to; working closely with large unpredictable animals, use of electrical appliances and involves an overnight stay. () guardian's initials
2. I understand that the child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release. () guardian's initials
3. The parent(s) of the child have provided me with information on child's health status. The parent(s) of the child provided me, as the legally appointed temporary guardian, with the child's medication, both prescription and OTC, as well as how to administer the medications. I have provided the health care information on myself per the Workshop application, as well as any other information needed to provide appropriate care for myself in case of emergency. () guardian's initials
4. I have attached a copy of my health insurance card to the registration form. () guardian's initials
5. I will safely store and administer the child's as well as my own medications at the workshop. () guardian's initials
6. I understand that the staff of SLAP has no responsibility for the child's or my own health care or safety beyond (a) accessing the emergency system and rendering first aid, until emergency responders arrive, and (b) providing the EMS with a copy of the health care information submitted by the parent and myself as part of the registration paperwork of the Program () guardian's initials
7. Should the child or myself 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. () guardian's initials

Guardian Contract page 2 of 2

8. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of the child's physical condition(s) and limitations, as well as my own, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which the child or myself may, in any way, sustain in connection with participation in the Program and related activities. () guardian's initials
9. I agree that the child must abide by all rules and regulations applicable to participation in the Program. () guardian's initials
10. I agree that both I, as well as the child, will abide by all rules and regulations applicable to participation in the Program. () guardian's initials
11. I understand that if at any time one of the chairs of the event instruct me to leave the premises I must do so immediately. () guardian's initials
12. To the fullest extent permitted by law, I hereby waive, release, surrender, forever discharge and agree not to sue upon any and all claims, demands and causes of action against the volunteer staff of the Maryland Dairy Youth Workshop "Show Like A Pro" and the Maryland Purebred Dairy Cattle Association's boards, officers, agents, employees and volunteers, for any loss, damage, illness or injury to the child's person & property and my person & property arising out of, in relation to, or in connection with my or the child's participation in the Program and related activities, due to the negligent acts or omissions of the MD Youth Dairy Workshop Program volunteers or any other person or entity. () guardian's initials
13. I do hereby consent and agree that the Maryland Dairy Youth Workshop Program "Show Like A Pro" has the right to take photographs or record video/audio tapes of the child and myself and to use the same for educational and promotional materials. I further consent that the child's name may be revealed therein or by descriptive text or community. I hereby release to the Maryland Dairy Youth Workshop Program "Show Like A Pro" all rights to exhibit this work publicly or privately, including posting it on the Show Like A Pro.org Website. I waive any rights, claims or interests that I or the child may have to control the use of the child's identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made. () guardian's initials

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 Guardian Having Care and Custody of participating Child

Date

Guardian's printed address _____

Guardian's phone contact _____

Name of Parent _____ Emergency Telephone: () - _____

Address of Parent _____

Participating Child's Name: _____ Date of Birth _____

2nd Emergency contact

Name _____

Phone number _____

Note: Must also attach the original of MD Temporary Guardianship created between you and the parent of the child. Retain a copy to keep with you at all times during the event and travel.