



2022 Spring in the Ring Registration

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

Youth Participant (Ages 8-21)

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

****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).

Before submitting Registrations and Health Profiles check:

___**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 "Talbot County Fair" with "SITR" on comment line.

Email: springinthering@gmail.com

Trisha Knight Boyce (717) 873-8408 or Amanda Clougherty (410) 310-7966

REGIONAL YOUTH DAIRY WORKSHOP: SPRING IN THE RING
Presented by the Spring in the Ring Committee, Talbot County Fair

Friday July 15, 2022

Talbot County AG & Education Center 10659 Hiners Lane, Easton, MD

Youth Packet

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

- 1. ALL paperwork completed in full and reviewed by the SITR 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)

Address _____

Birth Date (MM/DD/YY) _____

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

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

Relationship to child() parent () guardian

Cellphone of adult with child at workshop _____

Able to text Adult (circle) Yes or No

Email _____

Name of parent/guardian(s) of minor child

Emergency contact (Name) _____

(Relationship) _____ Contact# _____

Attach photo of participant _____ (check here)

Attach copy of health insurance card _____ (check here)

___ Yes, participant has a heifer calf to bring! (no in milk cows allowed)

Breed of Animal _____ Birthdate of Heifer: _____

Tag or Tatoo# _____

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

Animal Health: **Please note all animals must have an ear tag/tattoo and registration or ownership papers**

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

<http://mda.maryland.gov/AnimalHealth/Pages/Fairs-Shows.aspx>

Payment:

Cost is \$25 for each registered participant ages 8-21.

Youth Registration: \$25 x Qty ___ = _____

Parent Lunch Ticket: \$10 x Qty ___ = _____

Total Due: _____

Checks should be made out to Talbot County Fair (TCF) with SITR written in the comment line.

Send registration information to, by June 1, 2022:

Spring in the Ring

% Talbot County Fair

10659 Hiners Lane

Easton, MD 21601

Health Profile

SITR 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>
---------------------------	----------------------------------	-------------------------

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>
--	----------------------------------	-------------------------

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

<u>Type of food**</u>	<u>Type of allergic response</u>	<u>Treatment needed</u>
-----------------------	----------------------------------	-------------------------

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. Please contact coordinators to make arrangements should food need to be brought from home for participants with food allergies. If extra meals are needed for additional adults who accompany those registered, donations will be accepted.

Behavioral Expectations

Have your 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 the 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.()
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 participants

_____Guardian signature if applicable

Spring in the Ring 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 SITR WORKSHOP STAFF RELEASE OF LIABILITY

PROGRAM: Talbot County Fair: Spring in the Ring **DATE(S):** 7/15/22

My minor child, _____ (clearly print full name), will be attending The Regional Dairy Youth Workshop "Spring in the Ring" from July 15, 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 the 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 three (3) participants. () 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 SITR 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 of illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment.
() parent's initials

10. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child or myself may, in any way, sustain in connection with participation in the Program and related activities. () parent's initials

11. I agree that my child must abide by all rules and regulations applicable to participation in the Program.
() parent's initials

12. I agree that either I or the appointed guardian of my child will abide by all rules and regulations applicable to participation in the Program. I understand that the SITR staff retain the right to request me or the appointed guardian to leave the premises at any time and that all children under my/their care must also leave at the same time. () parent's initials

13. 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 Regional Dairy Youth Workshop "Spring in the Ring" and the Talbot County Young Farmers boards, officers, agents, employees and volunteers, for any loss, damage, illness or injury to my child's person & property and my person & property arising out of, in relation to, or in connection with my or my child's participation in the Program and related activities, due to the negligent acts or omissions of the Regional Youth Dairy Workshop Program volunteers or any other person or entity. () parent's initials

14. I do hereby consent and agree that the Regional Dairy Youth Workshop Program "Spring in the Ring" has the right to take photographs or record video/audio tapes of myself and my child and to use these for educational and promotional materials. I further consent that our names may be revealed therein or by descriptive text or community. I hereby release to the Regional Dairy Youth Workshop Program "Spring in the Ring" all rights to exhibit this work publicly or privately, including posting it on the www.talbotcountyfair.org Website. I waive any rights, claims or interests I or my child may have to control the use of our identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made without compensation or additional consideration of myself and my child.
() parent'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 Parent Having Care and Custody of Participating Child

Date

Printed Name of Parent _____

Emergency Telephone: (_____) - _____ .

Address of Parent _____

Participating Child's Name: _____ Birth date: _____ .

2nd Emergency contact: _____ .

Name _____ Phone _____ .

If parent is not able to attend a temporary guardianship must be created between the parent and the adult they choose to act in the role of a parent for their child during the Workshop, as well as travel to and from.