

**Gooding County Office**

203 Lucy Lane

Gooding, ID 83330-1178

Phone: (208) 934-4417 - FAX: (208) 934-4092

WEB: <http://extension.ag.uidaho.edu/gooding>

April 1, 2009

Dear 4-H Leader, FFA Advisor and/or Extension Staff,

Subject: Southern Idaho Livestock Judging Camp

You are invited to attend the 3<sup>rd</sup> Annual Southern Idaho Livestock Judging Camp, scheduled for July 14-16<sup>th</sup>, 2009, Jerome Idaho. **Make plans now!**

We are excited to continue the livestock judging camp program. Judging coaches and teams from Casper Community College, Oregon State University, College of Southern Idaho and University of Idaho will be helping youth build their oral reasons skills. If you have youth that are interested in learning more about animal evaluation, oral reasons, and college judging, southern Idaho is the place to be.

Here in the Magic Valley we have a large amount of quality livestock for you to evaluate, so come and learn from the best! Cost for the camp is \$75 per participant which includes four meals, one banquet dinner, a judging manual, a judging notebook, and an opportunity for college scholarships! The cost to register one four-man judging team is \$30.00 which includes meals.

Included with this letter are a camp registration packet and a judging registration form. You do not have to attend camp in order to participate in the judging contest. If you are planning on attending camp please send in the registration form along with your fees to the Gooding County Extension Office by **June 2, 2008**. For those attending only the judging contest, registrations must be received by July 1st.

Please make your own lodging accommodations by June 23<sup>rd</sup> to get the special rate. Health forms and life skill evaluation forms can be turned in at check-in time on July 14<sup>th</sup>. We look forward to seeing you in July.

Best wishes this judging season,



Cindy A. Kinder  
Extension Educator  
University of Idaho

## Tentative Agenda

### July 14 (Tuesday)

10 am Check-in

11:30 Lunch on site

12:30 Overview of Livestock Evaluation  
Novice/Advanced Sessions

1:30 pm **Sheep**: Visual Appraisal, Performance,  
Oral Reasons.

5:30 - 7 pm BBQ; **Oral Reasons** - demonstration  
& skill building

### July 15 (Wednesday)

Breakfast on your own. (Contal. Brkft. at Hotel)

8 am **Swine**: Visual Appraisal, Performance,  
Oral Reasons.

12 noon Lunch on site

1:30 - 5 pm **Beef**: Visual Appraisal, Performance,  
Oral Reasons.

6:30 Banquet (Dress should be western up-  
scale, (pressed jeans or slacks, shirt/  
blouse) Topics include; Student College  
Outlook and Ag. Program Overview.

### July 16 (Thursday)

Breakfast on your own. (Contal. Bkft. at Hotel)

8:30 am Judging Contest

12:30 Lunch on site

2 pm Awards and Final Thoughts

Contact: Cindy Kinder 208-934-4417  
University of Idaho, Area Extension Educator

**Gooding County Extension**  
203 Lucy Lane  
Gooding, ID 83330

**CSI** College of  
Southern  
Idaho

# Southern Idaho Livestock Judging Camp

JULY 14, 15, 16, 2009  
JEROME COUNTY FAIRGROUNDS  
JEROME, IDAHO

Animal Evaluation and  
Oral Reasons  
Learn from the best!

## The Camp

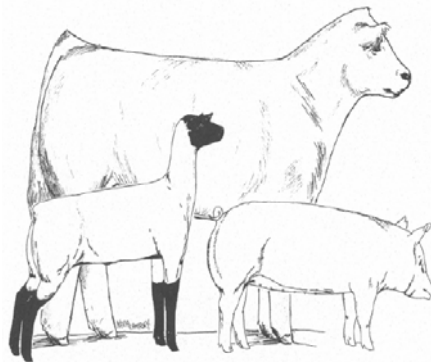
Camp focuses on livestock evaluation with an emphasis on oral reasons. Livestock classes to be offered will include Market and Breeding Beef, Sheep and Swine. Classes are sponsored by Idaho's livestock breeders. Primary target for the camp is youth ages 13-18. The camp cost is \$75, including adults (\$65) that wish to participate, this covers four meals, one banquet dinner, judging manual and judging notebook.

## The Trainers

Instructors and livestock judging team members from **Casper College, Oregon State University, College of Southern Idaho and University of Idaho** will be the presenters.

## Judging Contest

The final day will conclude with a Judging Contest. Awards will be presented. Contest is open to anyone wanting to participate. Cost is \$30per Team. Those attending camp fee is already paid.



University of Idaho  
Extension

**Casper College**

**OREGON STATE UNIVERSITY**





# University of Idaho Extension

## REGISTRATION FORM

Current medical form must be on file.



Southern Idaho Livestock Judging Camp

July 14 – 16, 2009

Location: Jerome County Fairgrounds,  
Jerome, Idaho

\_\_\_\_\_  
School or Club Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address of Contact Person

\_\_\_\_\_  
Phone number (s) please include cell  
phone for emergency contact

List youth name and ages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Information:

**Registration Deadline:** (Postmarked by)

**Early Bird June 2**

Late Registration June 19

**Fee:**

Youth Early Bird Reg. \$75

Late Registration \$100

Adult \$65

**Send Registration to:**

Gooding County Extension

203 Lucy Lane

Gooding, ID 83330

**Make Checks payable to:**

*Gooding County Extension*

### Camp Fees

Youth \_\_\_\_\_

Adult \_\_\_\_\_

Total Fees \_\_\_\_\_

I/We give my child permission to participate in the above camp. I agree that you may photograph my child and give my permission for photos to be used in displays or any media.

### Office use only

Registration Form

Medical Form

Fees Received

Life Skills Survey

\_\_\_\_\_  
Parent/Leader/Advisor Signature

## Health Information and Medical Release

**General Information:**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Male  Female

\_\_\_ Is this the first time the camper has been away from home? \_\_\_ Is this the campers first time at an overnight camp?

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Employment \_\_\_\_\_

If the above named person is not available, In case of emergency contact:

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
Home Work

Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Health Information:**

Is the camper allowed to take: Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_  
 Is the camper taking any medications? \_\_\_\_\_

If yes, please complete "RECORD OF DISPENSING MEDICATIONS TO CHILDREN AT 4-H CAMP" form.  
 Please make sure you indicate all health problems or concerns regarding camper. Is camper prone to (please circle):

Abdominal Pain	Constipation	Epilepsy	Nose Bleeds
Allergies (list) *	Cramps (when)**	Fainting Spells	Sleep Walking
Asthma	Diabetes	Hay Fever	Tonsillitis
Bed Wetting	Ear/Sinus Infections	Headaches	Wears Contact Lens
Chronic Conditions	Emotional Disturbance	Heart Condition	

\*Allergies \_\_\_\_\_

\*\*Cramps \_\_\_\_\_

Are there any restrictions from participating in any physical activity? Yes No

Recommendations and restrictions (diet, swimming, diving, etc.)

Special Diet Requirements: None Nuts Milk Other (list)

Family Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Parent Consent Information:** *As parent/guardian I/we understand there is additional exposure of the camper to mishaps or accidents. I/we accept this additional risk and release Central Idaho 4-H Camp, Inc., its Board of Directors and employees, and the University of Idaho Extension from liability for any incident which might occur while participating in such activity or travel to or from camp. I/we give permission for 4-H Camp Program and its representatives to obtain medical assistance for the above named camper, if necessary. I understand that American Income Life insurance provided through this program provides only limited protection for injuries which occur while participating and that I/we are responsible for all medical expenses not covered by program insurance. A limited medical form for any medical precautions is provided. Trip and Activity Description: I understand short field trips around the camp area will be taken and my child will participate in all workshops and activities. This may include sports, hikes, and other planned activities in camp program.*

I HAVE SIGNED BELOW GIVING PERMISSION TO THE CAMP CAREGIVER SELECTED BY THE CAMP DIRECTOR TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED ABOVE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Consent / Youth Assent for 4-H Life Skill Evaluation

As a participant in the University of Idaho, District III Extension summer camp your son or daughter may be asked to help with the evaluation of the program. At the end of each program or program year, we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. We estimate that it will take the youth participants approximately 10 minutes to complete the survey.

Youths are not required to participate in the evaluation. If your son or daughter decides that he or she does not wish to participate, it will not affect his or her participation in this or future University of Idaho 4-H programs. If your son or daughter does not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and your son's or daughter's responses will not be identified in any way.

Please read and explain the paragraph above to your son and daughter. If they have any questions contact the camp program staff. If you do not want your son or daughter to participate in the evaluation of camp program, please contact camp program staff before your child begins attending the program. If you have any questions about the evaluation, you can contact Dr. Tim Ewers, [tewers@uidaho.edu](mailto:tewers@uidaho.edu) or Maureen Toomey, [mtoomey@uidaho.edu](mailto:mtoomey@uidaho.edu), Idaho 4-H Youth Development.

The 4-H Life Skill Evaluation was approved for use by University of Idaho Human Assurance Committee (*March 2008*), HAC 07-195Toomey [Re-submitted February 2009.]

\* \* \* \* \*

My child may participate in the evaluation of this program with the understanding that at any time they may withdraw for the evaluation without affecting his/her participation in the 4-H program.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

I understand that I may fill out an evaluation survey and may stop filling out the survey at any time during the 4-H program.

\_\_\_\_\_  
Youth signature

\_\_\_\_\_  
Date

# Southern Idaho Livestock Judging Contest

**JULY 16TH, 2009  
JEROME COUNTY AIRGROUNDS  
JEROME, IDAHO**

## Tentative Agenda

**July 16th (Thursday)**

8:30 am Judging Contest

Swine

Sheep

Beef

12:30 Lunch on site

2:00 pm Awards and Final Thoughts

**Plan to attend!**

## Judging Contest

The third annual Southern Idaho Livestock Judging Contest.

Awards will be presented.

Two divisions Reasons and Non Reasons

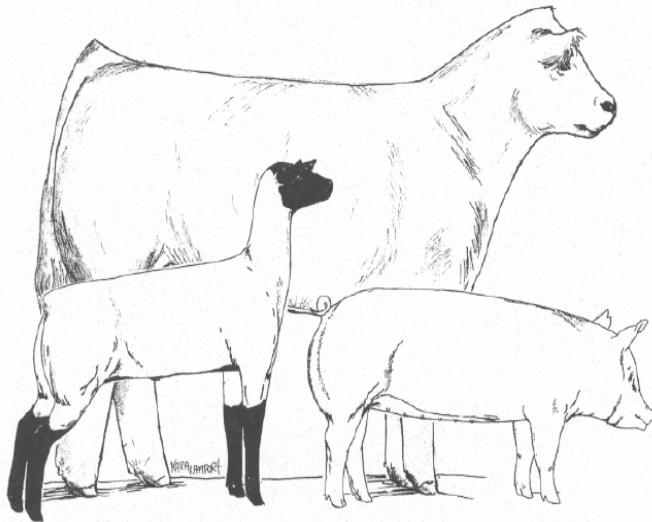
Contest is open to anyone wanting to participate.

Cost: \$30 per Team.

(Those attending camp fee is already paid.)

**Registration and Fee received by July 1st.**

(Camp fee due June 1st)



**Contact: Cindy Kinder 208-934-4417  
University of Idaho, Area Extension Educator**

**Gooding county Extension  
203 Lucy Lane  
Gooding, ID 83330**

University of Idaho  
Extension

 **Casper College**



OREGON STATE  
UNIVERSITY



College of  
Southern  
Idaho

The University of Idaho provides equal opportunity in education and employment on the basis of race, color, religion, national origin, gender age, disability or status as a Vietnam-era veteran, as required by state and federal laws. In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact Cindy Kinder before July 1, 2009, at 203 Lucy Lane, Gooding, Idaho 83330, 208-934-4417.

# Southern Idaho Livestock Judging Contest

Registration (includes lunch fee)

Return this form and the \$30 per Team fee to:

**Gooding County Extension Office**

**203 Lucy Lane**

**Gooding, ID 83330**

**Registrations & Fees Must Be Received By July 1, 2009**

**Make checks payable to: *Gooding County Extension***

**All ages as of January 1, 2009**

County \_\_\_\_\_ Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Team Name \_\_\_\_\_

Contestant's Name	Age (Jan. 1)	Number (Office Use)
-------------------	--------------	---------------------

1. _____	_____	_____
----------	-------	-------

2. _____	_____	_____
----------	-------	-------

3. _____	_____	_____
----------	-------	-------

4. _____	_____	_____
----------	-------	-------

County \_\_\_\_\_ Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Team Name \_\_\_\_\_

Contestant's Name	Age (Jan. 1)	Number (Office Use)
-------------------	--------------	---------------------

1. _____	_____	_____
----------	-------	-------

2. _____	_____	_____
----------	-------	-------

3. _____	_____	_____
----------	-------	-------

4. _____	_____	_____
----------	-------	-------

**Total # of contestants: \_\_\_\_\_ Total enclosed: \_\_\_\_\_**