

# AMERICAN DAIRY GOAT ASSOCIATION

## 2021 National Show Youth Permission Form



### YOUTH ACTIVITIES CODE OF CONDUCT

ADGA Youth participating in National Show Youth Activities and Contests sponsored by the ADGA Youth Activities Committee are required to conduct themselves according to this Code of Conduct. The Code operates in conjunction with the rules and regulations of the specific event.

- Possession or consumption of alcohol is prohibited.
- Possession or use of illegal drugs is prohibited.
- Possession or use of a weapon is prohibited.
- Willful destruction of property is prohibited.
- Excessive noise or running/playing in the barn or around animals is prohibited.
- Other conduct determined to be inappropriate for an ADGA National Show by the National Youth Activities Chair, Committee, or the National Show Chair is prohibited.

Violation of the above Code of Conduct will result in the following actions:

- The adult chaperone for the youth involved (as identified below) will be made aware of the situation.
- The youth will be turned over to the parent/guardian.
- The youth can/may be barred from participating in National Youth Activities for that year and any awards already won for that year may be revoked.
- The youth will not be considered for Premier Youth Exhibitor.
- The youth can/may be asked to leave the show site.
- When warranted (e.g., violation of state/federal law) the situation may be turned over to local authorities.
- Participants and their parent/guardian accept financial responsibility for the cost of the enforcement of the agreement and of any damage to persons or property caused by the participant.

### MEDICAL CONSENT

I give permission for emergency care to be sought for

\_\_\_\_\_

at a physician's office, clinic or hospital if the parent or guardian cannot be reached in the event of injury. I hereby release the hospital, its medical staff, nursing staff and physician from any liability that may arise out of any medical procedure performed pursuant to this consent form that is necessary for proper treatment of medical emergencies. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physician and/or health care unit. Following are any food or drugs to which the above named is allergic, as well as any other information, medical or physical, that should be known.

\_\_\_\_\_

\_\_\_\_\_

Health Insurance Provider and Number:

\_\_\_\_\_

Youth's Date of Birth \_\_\_\_\_

Phone number(s) to contact in case of emergency:

\_\_\_\_\_

### PARTICIPATION AND ADVERTISING AGREEMENT

My parent/guardian and I have read and understand the ADGA National Show Youth Activities Code of Conduct and Medical Consent. We agree that I will conduct myself in accordance with this code. We agree to release the American Dairy Goat Association, and assisting members thereof, from any claim for injuries or damage of any nature sustained while participating in the youth activities of the 2021 ADGA National Show. We also agree that my name and picture can be used by ADGA for promotional purposes.

\_\_\_\_\_  
Print Name of Youth Participant

\_\_\_\_\_  
ADGA ID#

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
ADGA ID#

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**YOUTH ACCOMODATIONS: If you would like to request learning or physical accommodations (i.e. during the management contest examination), please detail those below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZED PARENT OR GUARDIAN

Each participant in the youth activities at the 2021 ADGA National Show is required to have an identified adult chaperone (over age 21) who is responsible for that youth. This must be a person who will be present at the National Show during the youth events. This person will be contacted and held responsible for the youth should a code of conduct violation occur.

\_\_\_\_\_  
Name of Designated Chaperone State in which Chaperone resides

\_\_\_\_\_  
Farm Name of Designated Chaperone

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

\_\_\_\_\_  
Parent/Guardian Home Phone

\_\_\_\_\_  
Parent/Guardian Work Phone

Youth/Chaperone housing arrangement:

- Barn    Campground    Hotel \_\_\_\_\_

If the adult chaperone is someone other than the youth's parent/guardian, it is the responsibility of the parent/guardian to notify the individual and obtain his/her permission to be listed as the designated chaperone. The designated chaperone should also have the youth's health and insurance related information available in case of an emergency.

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Fax 828-287-0476  
ADGA.org



We suggest you keep a copy of this agreement.

(Complete reverse side)