



Beef 706

Youth Program

Beef Quality Management
Lubbock, Texas
July 6-7, 2016

Topics, Demonstrations and Tours including:

Food safety issues in the beef industry
Live Cattle Evaluation
Feedlot Tour
Ultrasound Demonstrations
Beef Carcass Grading and Fabrication
Fabrication of Retail Cuts
Sensory Factors for Consumer Beef Satisfaction
Selection and Genetic Tools for Quality Beef Production
Buying and Selling Cattle on a Grid
Animal Welfare Issues in the Beef Industry

***There is NO CHARGE for the program. It is sponsored by the Texas Beef Council.
Participants are responsible for their own accommodations.
A room block will be available.***

Registration information will be posted at www.afs.ttu.edu by April 1.

By attending Beef 706 you will have a unique opportunity to not only see, but to experience the quality challenges facing the beef industry. You will learn what factors affect beef's palatability and receive information to help you improve a herd's genetics, feedyard performance, and carcass characteristics.

Jason Bagley, Texas Beef Council

The program will be conducted by:



TEXAS TECH UNIVERSITY

Department of Animal and Food Sciences

Beef 706 Youth Program – Registration Form

Registration Deadline: May 1

Registration Fee- The cost of the Beef 706 Youth Program will be covered through the generosity of the Texas Beef Council. The participants will be expected to cover their own expense for travel to the program, lodging and extra food costs.

Registration Information – Please read carefully and print legibly. You will receive a confirmation letter **via e-mail** after your completed registration, code of conduct, authorization & medical information forms have been received. Keep a copy for your records.

Session: July 6-7

Name _____ Gender (circle one): M or F

Age as of June 1, 2016 _____ (Participants must be **in high school this fall** and accompanied by a supervising adult to participate)

Address, City, State, Zip _____

Phone _____ Cell Phone _____ Email _____

Parent Name _____ Parent Cell Phone _____

I will be staying at Arbor Inn (circle one) Yes No *Each student and supervisor are expected to make their own reservations by contacting the hotel.*

If no, where will you be staying? _____

Supervising Adult _____ (circle one) Parent Extension Agent Volunteer

Supervising Adult's Cell Phone Number _____

Lodging Information – Participants and their chaperones must secure their own lodging. For your convenience, a room block, "Beef 706", has been made at the Arbor Inn and Suites. The rate is \$98.10 plus tax for a double, queen room. *Arbor Inn & Suites, 5310 Englewood, Lubbock, TX 79424, Direct: (806) 722-2726, Toll Free: 1(866) 644-2319. Please reserve rooms prior to **JUNE 5th** to guarantee this rate.*

Chaperones – Each student or group of students must be accompanied by a chaperone or parent. The care and supervision of the students will be the sole responsibility of the chaperone or parent. Those serving in the role of supervising the students must attend all Beef 706 scheduled events. They must be over 21 years of age and if chaperoning unrelated students have undergone a background check at the county or school level.

Entertainment Evening (Day 1) – After the first day's educational session, we will offer a fun night at the Main Event Entertainment Center where participants can bowl, pay laser tag and play other games. Youth must be accompanied by their chaperone.

Proper Attire – Participants will be performing hands-on activities in a meat processing area and will need to wear warm clothes and closed-toed shoes. Jewelry, watches, gum and tobacco products will not be allowed in the facility.

Questions – Workshop content questions should be directed to Dan Hale, Ph.D. at dhale@tamu.edu. Registration and hotel questions should be directed to Moriah Beyers.

Mail or Fax Registration Form to

Moriah Beyers

TTU – Department of Animal and Food Sciences

Box 42141

Lubbock, TX 79409

Fax: (806) 742-0898

Email: moriah.beyers@ttu.edu

**Participant Authorization for Medical Care and
Recognition and Assumption of Risk Agreement**

This authorization covers _____ during his/her travel to and participation in 2016 Youth Beef 706. This activity covers the period July 6, 2016 through July 7, 2016.

I, the undersigned parent/legal guardian of the above mentioned participant, authorize said child's participation in 2016 Beef 706 Youth Program. It is my understanding that participation in the activities that make up 2016 Youth Beef 706 is not without some inherent risk of injury. As such, in consideration of my child's participation in 2016 Youth Beef 706, I hereby release, waive, discharge, and covenant not to sue Beef 706 Youth, the Texas Beef Council, Texas Tech University, the Texas 4-H & Youth Development Program, the Texas A&M AgriLife Extension Service, the Texas A&M University System, the State of Texas, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost. In case of sudden illness or accident to the above mentioned participant requiring immediate treatment or surgery while en route to this activity, while there as a participant, and/or while returning from the event, I authorize Texas A&M AgriLife Extension Service personnel, Texas Tech personnel, and those serving as chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the participant. This authority extends to any physician or surgeon selected by the chaperone(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant. The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the named person.

Additionally, I, the undersigned, release the above mentioned minor's name and any photographs or video to be used in promotion or advancement of the Youth Beef 706 as deemed necessary by management.

Name of Primary Insurance Company: _____

Policy Number of Primary Insurance: _____

This information also requested on Medical Information for Youth Participants form.

Date: _____ Signature of Parent/Guardian: _____

Subscribed to and sworn to before me this _____ day of _____, 2016, AD

at _____
City or Place , State

Notary Public

_____ County, Texas

(Seal)

Youth Beef 706

Code of Conduct

NAME _____

General Behavior

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately for the occasion (no short shorts, skirts, spaghetti straps or strapless tops at any time). Participants should be courteous, clean, and possess good manners.
3. Language must be controlled and appropriate for a participant - no swearing.
4. Except for planned tours and outings, I will not leave the activity facilities any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products at any program event.
6. I will not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not carry or threaten another person with a weapon, bodily force or language.
8. I will avoid unnecessary roughness of room furnishings, furniture, equipment, etc. Towels, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.

Overnight Activities Specifically

10. I will respect the rights of privacy of those attending an activity and those that I may be rooming with.
11. I will observe hours established by the staff and be in my room. No boys in girls rooms, no girls in boys rooms.

Parent / Guardian Signature

Participant Signature

Date: _____