

**NATIONAL LEAD CONFERENCE REGISTRATION FORM**  
*“Angus: Live and Loud”*  
**Nashville, TN**  
**August 5-8, 2010**

Name \_\_\_\_\_ Age \_\_\_\_\_ Member Code \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Roommates(s) Requested \_\_\_\_\_  
*Advisors/Chaperones may request an individual room, additional room charges will apply to the registration.*  
 Advisor/Chaperone only: \_\_\_\_\_ Individual Room \_\_\_\_\_ Share with other chaperone

Please check: \_\_\_\_\_ Female \_\_\_\_\_ Male T-Shirt Size: \_\_\_\_\_  
 Are you: \_\_\_\_\_ Driving \_\_\_\_\_ Flying (Flight schedule must accompany this form)  
 Travel Day Contact Mobile Phone Number (if available) \_\_\_\_\_

◆ **Registration fee is \$200 for juniors and \$250 for advisors/chaperones**, which includes your lodging and meals starting with dinner Thursday through breakfast on Sunday. Early registration deadline is June 15. **After June 15 the registration fee is increased for junior members to \$225.** Space is limited, so register early.

◆ Make checks payable to the **American Angus Association – LEAD Conference.**

◆ Mail check & registration form to: \_\_\_\_\_  
*This form may be duplicated.* \_\_\_\_\_  
 Angus Angus Association  
 Junior Activities Department/LEAD Registration  
 3201 Frederick Ave.  
 St. Joseph, MO 64506-2997

**REGISTRATION FEE MUST ACCOMPANY REGISTRATION**  
**◆◆◆ EARLY REGISTRATION DEADLINE IS JUNE 15, 2010 ◆◆◆**  
**Basic Rules of Participation and Behavior for LEAD Conference**

1. Participation in all activities is expected and mandatory.
2. You should be courteous and polite at all times.
3. The possession, use and consumption of alcohol, tobacco and drugs is not allowed and strictly prohibited. (All prescription medication should be listed on the medical release form.)
4. Participants should possess a positive attitude.
5. Participants are to be only in facilities, buildings and other places deemed appropriate and being used as part of the conference.
6. Participants are expected to be in their rooms at announced curfew times. A room check will be done to see that all participants are accounted for.
7. If a participant does not abide by the rules, his/her parents will be notified and the participant may be sent home at his/her expense and/or prohibited from participating in future NJAA activities.
8. Shorts and skirts must be fingertip length. (Below the end of your finger tips when standing erect with your arms held down to your side.) No backless shirts, this includes no halter or tube tops, straps on shirts must be at least one inch wide. No midribs exposed. No exposed undergarments.

I understand these rules and by signing this agreement do pledge to uphold the rules for the conference. In the event that these rules are broken or abused I understand my parents or guardian will be notified and I understand that I will be sent home at my own expense and that I may be prohibited from participating in future NJAA events. The director of junior activities has the final authority over all matters.

\_\_\_\_\_ Date \_\_\_\_\_  
 Participant’s Signature

I understand these rules and will uphold and support the decision of the director of junior activities.

\_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Guardian’s Signature

# MEDICAL RELEASE FORM

In the event of an emergency, I give my permission to allow medical attention administered to \_\_\_\_\_ without my notification.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

In case of emergency please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

If not available please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Is the participant allergic to any medication? \_\_\_\_\_

If yes, please list:

\_\_\_\_\_

Does the participant have any existing medical conditions? \_\_\_\_\_

If yes, please list.

\_\_\_\_\_

Is the participant currently taking any medications? \_\_\_\_\_

If yes, please list.

\_\_\_\_\_

List any other existing condition(s), medical or otherwise, the staff should be aware of.

\_\_\_\_\_