

# West Virginia Mini-LEAD

You and your family are invited to attend a mini-LEAD held near Davis, WV at the Canaan Valley State Park. February 25-27, grab your Angus friends, parents and advisors and meet us at Canaan Valley for junior Angus workshops, games, skiing, ice skating, and fun! Families are encouraged to book their own hotel rooms and provide their own transportation throughout the weekend. Parents and/or chaperones please attend and lodge with the junior members. The conference will kick-off at 9 am on Saturday, February 26. A tentative schedule is listed below. Please make your lodging reservations by calling Canaan Valley at 1-800-622-4121. You may choose to stay Friday or Saturday nights, both, we hope, or we understand if you need to go home at the end of the day on Saturday. Registration fee of \$30 will be for those that are attending the Saturday workshops and luncheon. Costs for skiing, ice skates and games during the weekend will be paid by the individual. If you have questions about the mini-LEAD please contact the Junior Activities Department at 816/383-5100 or Krista Hayes, West Virginia Junior Angus Association Advisor at 304/735-3511.

## Lodging

Canaan Valley State Park  
HC 70, Box 330 – Davis, WV 26250  
1-800-622-4121  
Room Rate: \$79  
Release Date: February 5, 2011

## Schedule of Events

### Friday, February 25

Evening Arrivals (on your own)

### Saturday, February 26

8 am Breakfast Buffet - Resort Restaurant  
(on your own)  
9am – 3pm NJAA Workshops – Conference Room  
12 noon Lunch – Conference Room (PROVIDED)  
3pm Depart for Skiing  
Evening Supper (on your own)  
PM Activities Available (Ice skating,  
swimming, games)

### Sunday, February 27

8 am Breakfast Buffet – Resort Restaurant  
(on your own)  
9 am Check out  
9:30 am Travel Home or Skiing (on your own)

## Registration Deadline - February 1

## WEST VIRGINIA MINI-LEAD Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Member Code \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attendees Email Address \_\_\_\_\_

Travel Day Contact Mobile Phone Number (if available) \_\_\_\_\_

- ❖ Registration fee is \$30 per attendee and should accompany the Registration form. Registration fee will cover lunch and workshop expenses on Saturday. All other fees (lodging, skiing, ice skating, meals will be on your own.
- ❖ Make checks payable to the American Angus Association – Mini-LEAD.
- ❖ Mail check & registration form to:  
This form may be duplicated. American Angus Association  
Junior Activities Department  
3201 Frederick Ave.  
St. Joseph, MO 64506

**PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE.**

### BASIC RULES OF PARTICIPATION AND BEHAVIOR

- Participation in all activities is expected and mandatory.
- You should be courteous and polite at all times.
- 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.)
- Participants should possess a positive attitude.
- Participants are to be only in facilities, buildings and other places deemed appropriate and being used as part of the conference.
- 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.
- If a participant does not abide by the rules, his/her parents will be notified and the participant may be sent home and/or prohibited from participating in future NJAA activities.
- 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 midriffs 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 activities and junior activities has the final authority over all matters.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### **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: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

If not available please notify:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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.