



Raising the Bar are 3 day conferences that build stronger leaders within state associations, create regional relationships, while preparing juniors for the future. Materials covered in Raising the Bar targets high school age students and older. A tentative schedule for both conferences is Friday - extensive campus tour; Saturday – workshops, ranch tours, and farm tours; Sunday – workshops and travel home. Social activities, games, and ice breakers will also be provided to rekindle old and create new friendships. If you have questions about Raising the Bar, please contact the Junior Activities Department at 816/383-5100.

RAISING THE BAR

Registration Form

University of Nebraska - Lincoln
Lincoln, NE
October 17 – 20, 2013
****DEADLINE SEPT. 15****

Name _____ Age _____ Member Code _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Attendees Email Address _____

Roommates(s) Requested _____

Please check: _____ Female _____ Male

Are you: _____ Driving _____ Flying (Flight schedule must accompany this form)

Travel Day Contact Mobile Phone Number (if available) _____

- ❖ *Attendees are required to provide their own transportation during the conference. It is encouraged to carpool with your state advisor or parents/chaperones from your state. Limited transportation is available.*
- ❖ **Registration fee is \$100 per attendee and should accompany the Registration form.** Hotel costs and conference meals are included in the registration fee.
- ❖ Make checks payable to the **American Angus Association – Raising the Bar.**
- ❖ Mail check & registration form to: American Angus Association
Junior Activities Department
3201 Frederick Ave.
St. Joseph, MO 64506
This form may be duplicated.

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.
