

Sponsored by the Texas Beef Council



Beef 706 Youth Program

Beef Quality Management

Lubbock, Texas

Session 1: July 20-21 | Session 2: July 22-23

Program Schedule

Day 1

- 9 a.m. Meet at Texas Tech Animal Science Building
Leadership: Team building activity
- 9:30 a.m. Food safety demonstration (Part 1)
- 10:20 a.m. Load into Vans
- 10:30 a.m. Travel to the feedyard
- 11 a.m. Tour Facility
Live market steer evaluation
Managing feeder calves for beef quality
- 12:30 p.m. Lunch at the Animal Science Building
- 1 p.m. Video tour of a packing plant
Video of market steers that will be graded & fabricated
Grade and fabricate beef carcasses
- 5:30 p.m. Dinner
- 6:30 p.m. Review a local United Grocery Store (50th & Indiana)
- 7:30 p.m. Main Event Entertainment Center

Day 2

- 8 a.m. Meet at Texas Tech Animal Science Building
Sensory factors for consumer beef satisfaction
Selection and genetic tools for quality beef production
Buying and selling cattle on a grid
Review the grade and fabrication data
Animal welfare issues in the beef industry
Food safety demonstration (Part 2)
Food safety issues in the beef industry
- noon Boxed Lunch to Go
Travel to Plainview
- 1 p.m. Packing plant tour in Plainview (optional)
- 3 p.m. Adjourn

The program will be conducted by:



Improving Lives. Improving Texas.



TEXAS TECH UNIVERSITY

Department of Animal and Food Sciences

Extension programs serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

Beef 706 Youth Program – Registration Form

Registration Deadline: July 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 Preference (circle one) July 20-21 July 22-23

Name _____ Gender (circle one): M or F

Age as of July 20, 2010 _____ (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 Youth Program," has been made at the Arbor Inn and Suites. The rate is \$79.99 plus tax for a double, queen room.
Arbor Inn & Suites, 5310 Englewood, Lubbock, TX 7942, Direct: (806) 722-2726, Toll Free: 1(866) 644-2319

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

Phone: (806)742-2805, ext 248

Fax: (806)742-4003

Email: moriah.beyers@ttu.edu

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, ashtrays, 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: _____

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

This authorization covers _____ during his/her travel to and participation in 2010 Youth Beef 706. This activity covers the period July 20, 2010 through July 23, 2010 (session 1: July 20 and July 21 and Session 2: July 22 and July 23).

I, the undersigned parent/legal guardian of the above mentioned participant, authorize said child's participation in 2010 Beef 706 Youth Program. It is my understanding that participation in the activities that make up 2010 Youth Beef 706 is not without some inherent risk of injury. As such, in consideration of my child's participation in 2010 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, Texas 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 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 2010 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 _____, 2010, AD

at _____.

City or Place , State

Notary Public

_____ County, Texas

(Seal)

MEDICAL INFORMATION FOR YOUTH PARTICIPANTS

INSTRUCTIONS: Complete the entire form and bring with you to 2010 Youth Beef 706. This form will be turned in with any medication you bring, both prescription and non-prescription, to the health room upon your arrival. The information on this form is gathered only to assist us in identifying appropriate care for your child. Any changes to this form should be provided to the camp health care provider upon the participant's arrival at camp. Provide complete information so that we can be aware of your child's needs.

District _____ County _____ Program Date _____

Participant's Name _____ Male _____ Female _____
FIRST LAST

Address _____ Date of Birth _____ Age (while at program) _____

City _____ State _____ Zip _____

Parent or Guardian Name _____ **Daytime Phone** (____) _____

Address _____ **Evening Phone** (____) _____

City _____ State _____ Zip _____ **Cell Phone** (____) _____

EMERGENCY CONTACTS: (if parent or guardian cannot be reached)

Name _____ Daytime Phone (____) _____ Evening Phone (____) _____

Name _____ Daytime Phone (____) _____ Evening Phone (____) _____

Name of Family Physician: _____ Phone: (____) _____

Medical Insurance Carrier: _____ Policy Number: _____

ACTIVITY RESTRICTIONS:

Is there any reason to restrict full activity or strenuous play? ____ Yes ____ No

IF YES, describe in detail: _____

(Use a separate page if needed.)

MEDICATIONS: ^B Please list **ALL** medications, including over-the-counter or nonprescription drugs and supplements. Send enough medication to last the entire time at the program. Keep all medications in the original packaging or bottle that identifies the prescribing physician, name of medication, dosage and frequency. Use an additional sheet if necessary.

Med # 1 name _____ reason for taking _____

Med # 2 name _____ reason for taking _____

Med # 3 name _____ reason for taking _____

Med # 4 name _____ reason for taking _____

MEDICATION ALLERGIES: ^B Please list **ALL** medications, including over-the-counter or nonprescription drugs and supplements your child is allergic to. Use an additional sheet if necessary.

Med # 1 name _____ Med # 2 name _____

Med # 3 name _____ Med # 4 name _____

PLEASE CHECK over-the-counter medication(s) which camp personnel may administer as deemed necessary:

____ Acetaminophen (Tylenol) ____ Ibuprofen (Motrin) ____ Pepto Bismol ____ Roloids
____ Neosporin/Cortisone cream ____ Robitussin ____ Benadryl ____ Immodium AD
____ Calamine / Caladryl ____ **Any As Needed**

NO, DO NOT ADMINISTER ANY over-the-counter medications to my child.

PLEASE INITIAL.

IMMUNIZATION HISTORY (MANDATORY) Please give **DATE OF LATEST IMMUNIZATION** for:

_____ Tetanus _____ Haemophilus influenza B _____ Varicella (chicken pox)
_____ Diphtheria _____ TB Mantoux Test - Result: ___ Positive ___ Negative
_____ Mumps _____ DTP _____ Polio _____ Hepatitis B _____ Small Pox

HEALTH HISTORY: (Please check any of the following that apply)

_____ Frequent Ear Infections _____ Heart Defect / Disease
_____ Convulsions _____ Diabetes: ___ Type I (juvenile) ___ Type II
_____ Hypoglycemia _____ Bleeding/Clotting Disorders
_____ Other _____

ALLERGIES: (Please Check any of the following that apply)

___ Hay Fever ___ Poison Ivy/Oak ___ Insect Stings ___ Other (please list) _____

OPERATIONS OR SERIOUS INJURIES: (List along with approximate date): _____

CHRONIC OR RECURRING ILLNESS: _____

ANY OTHER INFORMATION: _____

PLEASE ATTACH AN ADDITIONAL SHEET if necessary to provide any **additional medical information** or additional information about the participant's behavior and physical, emotional or mental health about which the program coordinators should be aware.

___ **ADDITIONAL INFORMATION ATTACHED** ___ **NO ADDITIONAL INFORMATION**