# Beef 706 Youth Program

**Beef Quality Management**  
Lubbock, Texas

Session 1: **June 2-3** | Session 2: **June 4-5**

## Program Schedule

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a.m.</td>
<td>Meet at Texas Tech Animal Science Building Leadership: Team building activity</td>
<td></td>
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<tr>
<td></td>
<td>Food safety demonstration (Part 1)</td>
<td></td>
</tr>
<tr>
<td>noon</td>
<td>Travel to the feedyard</td>
<td></td>
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<tr>
<td>1 p.m.</td>
<td>Tour Facility</td>
<td></td>
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<tr>
<td>noon</td>
<td>Live market steer evaluation</td>
<td></td>
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<tr>
<td></td>
<td>Managing feeder calves for beef quality</td>
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<tr>
<td>1 p.m.</td>
<td>Lunch at the Animal Science Building</td>
<td></td>
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<tr>
<td>5:30 p.m.</td>
<td>Video tour of a packing plant</td>
<td></td>
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<tr>
<td>6:30 p.m.</td>
<td>Video of market steers that will be graded &amp; fabricated</td>
<td></td>
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<tr>
<td>7:30 p.m.</td>
<td>Grade and fabricate beef carcasses</td>
<td></td>
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<table>
<thead>
<tr>
<th>Day 2</th>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8 a.m.</td>
<td>Meet at Texas Tech Animal Science Building Selection and genetic tools for quality beef production</td>
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<tr>
<td></td>
<td>Sensory factors for consumer beef satisfaction</td>
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<td></td>
<td>Buying and selling cattle on a grid</td>
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<tr>
<td>noon</td>
<td>Review the grade and fabrication data</td>
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<tr>
<td>1 p.m.</td>
<td>Food safety demonstration (Part 2)</td>
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</tr>
<tr>
<td></td>
<td>Food safety issues in the beef industry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Animal welfare issues in the beef industry</td>
<td></td>
</tr>
<tr>
<td>noon</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1 p.m.</td>
<td>Packing plant tour in Plainview (optional)</td>
<td></td>
</tr>
<tr>
<td>3 p.m.</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>

*Schedule is subject to change.*

The program will be conducted by:

AgriLIFE EXTENSION  
Texas A&M System

**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**
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.

<table>
<thead>
<tr>
<th>Session Preference (circle one)</th>
<th>June 2-3</th>
<th>June 4-5</th>
</tr>
</thead>
</table>

Name ___________________________________________________ Gender (circle one): M  or  F

Age as of June 2, 2009 ________ (Participants must be 16 years old or older 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 79424, 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 2009 Youth Beef 706. This activity covers the period June 2, 2009 through June 5, 2009 (session 1 June 2 and June 3 and Session 2 June 4 and June 5).

I, the undersigned parent/legal guardian of the above mentioned participant, authorize said child’s participation in 2009 Youth Beef 706 Youth Program. It is my understanding that participation in the activities that make up 2009 Youth Beef 706 is not without some inherent risk of injury. As such, in consideration of my child’s participation in 2009 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 2009 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.

Further, I/We do hereby authorize the 2009 Youth Beef 706 to release said minor child to the following person/people at the conclusion of the activity:

_________________________________________  __________________________________________

_________________________________________  __________________________________________

Date: ____________  Signature of Parent/Guardian: ________________________________

Subscribed to and sworn to before me this ____ day of ____________________, 2008, AD

at ________________________________, ________________________________.

City or Place, State  Notary Public

(Seal)  ________________ County, Texas
MEDICAL INFORMATION FOR YOUTH PARTICIPANTS

INSTRUCTIONS: Complete the entire form and bring with you to 2009 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 ___________ Date of Birth ___________ Age (while at program) ______

Address _____________________________________ Date of Birth ___________ Age (while at program) ______
City ___________________________ State ________________ Zip______________

Parent or Guardian Name ____________________________________ Daytime Phone (_____)_____________
Address__________________________________________ Evening Phone (_____)_____________
City ______________________ State _____ Zip______________

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  ____ Rolaids
____ 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/Cotting 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