

Iowa Junior Holstein Association Medical & Conduct Form

Medical:

Name: _____

Please list any allergies, medical problems, current medications, etc. that we should be aware of:

Emergency Contact:

Name: _____ Relation to Attendee: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Insurance Company: _____

Conduct:

Iowa Junior Holstein Convention

Date: _____ Location: _____

I, _____ (attendee), understand that I will follow the rules while attending the convention and participate in all activities. I understand that the possession of any drugs or alcohol will be prohibited. I understand that any hotel expenses such as movie rentals, telephone calls, etc. will be paid by the junior member responsible prior to leaving the convention. I understand that if I damage any hotel property that I will be charged for it.

I, _____ (parent or guardian), on behalf of _____ give my permission for my child to participate in the Iowa Junior Holstein Convention. I understand that I will not hold the Association responsible for anything that may happen.

Parent/Guardian Signature

Please mail with the convention registration form or it may be brought to the convention.