



Masters Lamb Camp

"Where Champions are Developed"

June 10-11, 2010 at UGA Livestock Arena Athens, GA

Check in at 9:30 on June 10 - ends around 5 PM on June 11

Register by May 26th; make check to Masters Lamb Camp

Send to: Keith Odom, 1631 Elder Rd., Bishop, GA 30621

The camp will be lead by Mr. Vince McGolden and his daughter Madison. Vince is a nationally known livestock producer, judge, and show camp instructor. Madison is a champion lamb exhibitor, so she can relate to what the exhibitor is dealing with on a personal level. They live in Fairview, OK where they produce some of the best club lambs in the nation. They have produced Purple Banner Champions for over a decade.

Topics include: selection, feeding, health, fungus prevention, training the lamb, training the exhibitor, clipping, & show time prep.

Meals: Two snacks and a lunch are provided each day. Thursday evening a pizza supper is provided.

Camp Cost is \$75 for 1st exhibitor, \$50 for each sibling, and \$50 for each adult.

Register by May 26th: if we do not have enough campers to pay expenses we will cancel the camp.

Things to bring:

Halter broken lambs (at least 2 is best so that lambs can be rotated for rest)

Shavings (pens are 50-70 sq. ft.) probably 2 or more bundles are needed

Clippers with sharp blades

Feed, hay, and water bucket

Soap and fungus control

Fans and extension cords

Towels, blankets, etc.

Your favorite show supplies

Wash rack clothes

Work clothes with comfortable shoes

Show clothes for a showmanship contest at the end of camp

Bring a pen/pencil and note book; prepare to ask questions and take notes.

We have a block of rooms discounted at \$86 at the Holiday Inn Express in Athens on Broad St (706)546-8122. Call to reserve a room, use the group code "CMP". They have a pool so bring your swim suit. Continental breakfast provided.

A UGA Health form with liability waiver is required:

Georgia Masters Lamb Camp

June 10-11 at UGA Livestock Arena Athens, GA

Thanks to Jary Douglas, UGA Livestock Judging Team, and UGA B&B Club for their partnership, support, and leadership.

Keith Odom, 1631 Elder Rd., Bishop, GA 30621
706-247-2956 odomkb@bellsouth.net

40 campers Max / if space is available late entries will be accepted but no T-Shirt available
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Camper name: _____ \$75_____

Camper name: _____ \$50_____

Adult name: _____ \$50_____

Copy and Use additional forms as needed

Further updates will be by email. Address here. _____

Mail Address: _____

City, St. Zip _____

To receive a T-Shirt pay \$9.00 and Circle your size below

If ordering shirts use one form for each T-Shirt with name attached

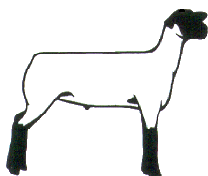
Circle the shirt size here:

Child: Sm Md Adult: Sm Md Lg XLg XXLg XXXLg

Remember

"There is more to Showing than showing up"
So become a MASTER showman by attending the Masters Lamb Camp

Remember to fill out UGA health form with liability waiver.



College of Agricultural and Environmental Sciences
Department of Animal Science

Release, Waiver of Liability and Covenant Not to Sue

READ CAREFULLY BEFORE SIGNING

I certify that I am the parent or legal guardian of _____ (name of student) who will be a participant in the Georgia Masters Lamb Camp program from **June 10 & 11, 2010**. I have been informed that during this program my child will participate in the following activities: **Show Lamb camp and related activities.**

I hereby acknowledge my awareness that participation in this program may expose my child to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that the risks my child may be exposed to include: **Supervised activities involving livestock handling, livestock fitting, recreational and transportation** as well as other risks that may not be foreseeable. I agree that I will discuss with my child the importance of following the guidelines, instructions and recommendations of The University of Georgia faculty and staff members in charge of the program.

For the sole consideration of The University of Georgia's arranging for my child to participate in the program, I hereby release and forever discharge The University of Georgia, the Board of Regents of The University System of Georgia, their members individually and their officers, agents, employees and the personnel involved in the production of this camp from any and all claims, demands, rights and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in the program.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of The University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that my child is participating in the event with my full knowledge and consent, and that he or she has my permission to participate in all activities. I also certify that I have read and understood the above.

Signature _____ Date

Printed Name

Address

Phone Number

Relationship to Student

UNIVERSITY HEALTH SERVICES
UNIVERSITY OF GEORGIA, ATHENS, GA. 30602
Health Form for Special Programs

NAME _____ ss# (if available) _____
HOME ADDRESS _____
DATE OF BIRTH _____ SEX _____
PROGRAM _____ DATES _____

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize the physicians of the University Health Services, their agents or consultants, to perform diagnostic and treatment procedures on (Name) _____ which, in their judgement may become necessary while he or she is a participant in **Masters Lamb Camp** between (dates) June 10 & 11, 2010. at The University of Georgia. This authorization is valid at local emergency facilities.

PARTICIPANT (if over 18) _____ DATE _____
PARENTS OR GUARDIANS (if under 18) _____ DATE _____

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PERSONS TO NOTIFY IN AN EMERGENCY SITUATION

1. Name _____ Relationship _____
Office Phone _____ Address _____ Home Phone _____

2. Name _____ Relationship _____
Office Phone _____ Address _____
Home Phone _____

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Do you take any medication prescribed by your physician. If so, what?

Is there any other information about your health that we need to know? If so, please explain or have your physician advise us regarding your problem.

Date of Tetanus Booster (with 10 years) _____ Allergies (check if applicable): Eggs or Chicken _____ Penicillin _____
Plants _____ Serum _____ Sulfonamides _____
Tetanus Antitoxin _____ Other (specify) _____

NOTE: This form is required if the participant is to be treated at the University Health Service should the participant become ill or injured while on campus.