

Wyoming Resource Education Days (WyRED)

June 17-20, 2024

REGISTRATION FORM

Send completed registration and health forms to WyRED; c/o Mae Smith, 130 Barn Rd, Buffalo, WY 82834 or submit form online by visiting <https://www.wyomingrangelands.org/wyred>

Name _____ Address _____

Email _____ Phone _____

Health form must be filled out and sent in with this registration form. SEE ATTACHED FORM.

	<u>On or before</u>	<u>After</u>	Total
	May 31, 2024	June 1 to June 12, 2024**	
Pre-registration for WyRED camp (includes: Range Camp and State Range Judging Contest, meals and camp fee)	\$240.00	\$275.00	_____
Pre-registration for State Range Judging Contest only (includes: Practice Wed. and Contest Thurs. with meals, 1-night lodging)	\$50.00	\$75.00	_____
Early arrival (Sunday, June 16, 2024)	\$5.00	\$10.00	_____
		Total*	_____

*NOTE: Payment and registration prior to June 12th is important, however school vouchers will be accepted at registration time.

**Registration closes June 12, 2024.

If registered and need to cancel - 100% refund by June 12, 50% refund by June 14, no refund on or after June 17, 2024.

Contest Registration Section

RANGE JUDGING CONTEST DIVISIONS – indicate the division you will enter (Age as of July 1, 2024)

INDIVIDUALS (circle one)

Professional Open Adult (19 & over) Open youth (14-18) Range Riders (10-13) Brush Poppers (9 & under)

TEAMS (for youth) (circle one)

4-H FFA Open Youth

Please list team name and team member names:

Jacket or shirt size (include if Youth, Ladies, or Men's size):

PARTICIPATION AGREEMENT

If an injury or illness develops during an activity or event, medical care will be provided and I will be notified as soon as possible. I understand that it is my responsibility to provide updates of health status, any changes in health conditions or medicinal needs prior to events in which this youth participates. I also authorize each of the following to occur: If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained for the youth and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary. - I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes. - I give permission for this entire form to be photocopied. - I understand that I am financially responsible for any and all charges for any medical attention provided to the indicated youth. I agree that all activities and use of all facilities relating to participation in WyRED activities shall be undertaken at the sole risk of the youth/family. The WY SRM, its officers, representatives, volunteer leaders and youth shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in WyRED or the premises where the programs/events occur. I do hereby release, discharge, and hold harmless the The WY SRM, its officers, representatives, volunteer leaders and youth from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the WY SRM, its officers, representatives, volunteer leaders and youth. ***I have read, understand, and agree to the terms and conditions of this release and camp rules.***

By signing, I am also indicating this was done freely and without inducement.

Signatures:

Applicant _____

Parent/Guardian _____

Date _____

Wyoming Section Society for Range Management—WyRED Camp

Health Form

Contact Information:

Participant Name: (First) _____ (Last) _____ (MI) _____

Address: _____ (City) _____ (State) _____ (Zip code) _____

Participant Phone: _____ Birth Date: _____ Age: _____ Gender: _____

EMERGENCY CONTACT:

Name(s): _____

Relationship to Participant: _____

Primary Phone: _____ Secondary Phone: _____

Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION:

Does participant have any known health concerns: (Asthma, Bronchitis, Diabetes, Fainting Spells, Heart Trouble, High Blood Pressure, Seizures, Others): _____

Allergies to DRUGs: _____

Allergies to FOODs or dietary restrictions: _____

Allergies or reactions to things in NATURE: (Bee Stings, Hay fever, Ivy/Sumac/Oak, Other): _____

Medications: Please list all with dosages and indicate if required or as needed:

ADDITIONAL INFORMATION: _____