

New Jersey 4-H Dairy Judging Contest  
Saturday, April 29, 2017  
Registration 8:30 and First Class at 9 AM.  
87 Homestead Lane  
Cedar Lane Farm, Oldwick, NJ

Registration for Judging Contest - 8:30 AM  
Judge 4 classes of Cattle - 9:00 - 10:00 AM  
Oral Reasons - 10:00 - Noon  
Comments from Judge- 12:30  
Presentation of Awards - 1:00

Directions:

From South: Take 295 north/95 South around Trenton to Route 31 N  
Follow Route 31 North through Pennington and Flemington to Route 78  
in Clinton.

Take Route 78 East to Exit 24 (Route 517 North).  
Follow Route 517 through the town of Oldwick.  
Take the first Right on to Homestead Road.  
The Farm is # 87 on the Right side of the road.  
Cedar Lane Farm sign is on the end of the lane.

From the North:

Take Route 517 South through Hackettstown, over Schooleys  
Mountain.  
Continue on 517 through the intersection of 24.  
Homestead Road is on your left before you get into Oldwick, #87 is on  
the right.  
Cedar Lane Farm sign is at the end of the lane.

## **Rules for New Jersey 4-H/FFA Dairy Cattle Judging Contest**

1. All youth must be registered 4-H or FFA members in good standing in their respective counties as of January 1. **County 4-H/FFA Staff must sign registration to verify this!**
2. This event will be used to select individuals to represent New Jersey 4-H at Regional and National 4-H Dairy Cattle Judging contests. State team members must meet age requirements for regional and national events.
3. Entries must be received by **APRIL 15**. Send all entries to Carol K. Ward, County 4-H Agent, Rutgers Cooperative Extension of Somerset County, 310 Milltown Road, Bridgewater NJ 08807-3587. OR Fax: 908-704-1821. No day of event entries will be accepted.
4. Youth grades 4 – 8 will be in the Junior division, and only required to give oral reasons for one class.
5. Youth grades 9 – 13 may compete in the Senior division. To be eligible for the State Team, youth need to be 14 by January 1 of the current year and must not have had their 19<sup>th</sup> birthday by that same date. These are the National 4-H contest rules.
6. Contestants must not have participated in the National 4-H Dairy Judging Contest, and must not have taken Dairy Cattle Judging or Evaluation in college.
7. Contestants shall not be allowed to take any books, or notes to the contest. Only clip boards and notepaper will be accepted.
8. Class placings are to be designated on the official dairy cattle judging cards by the contestant and turned in when requested.
9. A timekeeper will be designated; there will be a total of 12 minutes to place each class. For those classes which oral reasons, an additional 8 minutes will be allowed for taking notes on the class.
10. For the contest 4 classes will be judged. Seniors will be required to give oral reasons on the two cow classes. Juniors will be required to give one set of reasons.
11. All contestants must wear rubber boots which can be disinfected or plastic boot covers.

**N.J. 4-H DAIRY JUDGING CONTEST  
JUNIOR ENTRY FORM**

Coach Name: \_\_\_\_\_

County: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Junior members in grades 4-8 may compete in this division.

#1 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#3 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#4 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#5 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the 4-H members listed above meet the "member in good standing" policy (attended 70% of their club meetings or activities, have an up to date record book and have given a public presentation and have participated in a community service project in the past year).

Leader Signature \_\_\_\_\_

County 4-H Agent/Program Associate \_\_\_\_\_

**Return form by **April 15th** to: Carol Ward, County 4-H Agent, Rutgers Cooperative Extension of Somerset County, 310 Milltown Road, Bridgewater NJ 08807-3587. OR Fax: 908-704-1821.**

**N.J. 4-H DAIRY JUDGING CONTEST  
SENIOR ENTRY FORM**

Coach Name: \_\_\_\_\_

County: \_\_\_\_\_ Club: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Members in grades 9-13 are eligible for this division, however, only those youth 14--18 as of January 1 are eligible for state team status and National 4-H Dairy Judging Contest.

#1 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#3 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#4 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#5 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the 4-H members listed above meet the "member in good standing" policy (attended 70% of their club meetings or activities, have an up to date record book and have given a public presentation and have participated in a community service project in the past year).

Leader Signature \_\_\_\_\_

County 4-H Agent/Program Associate \_\_\_\_\_

**Return form by April 15<sup>th</sup> to: Carol K. Ward, County 4-H Agent, Rutgers Cooperative Extension of Somerset County, 310 Milltown Road, Bridgewater NJ 08807-3587. Or Fax: 908-704-1821**

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here** 

Signature of parent or guardian: \_\_\_\_\_

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here** 

Signature of parent or guardian \_\_\_\_\_

*Continued on other side*

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013