

WESTERN CANADIAN CLASSIC 2019 APPLICATION FORM

August 20 -24, 2019

LEGAL NAME _____

ADDRESS _____

E-Mail Address _____

PHONE # _____ Cell # _____

BIRTHDATE _____ AGE AS OF JAN 1 /19 _____

Circle T-Shirt Size	XS	S	M	L	XL	XXL
Circle Jacket Size	XS	S	M	L	XL	XXL

How many years have you attended previously as a participant?

0 1 2 3 4 5 6 7 8 9

NAME OF CURRENT 4-H CLUB (12-19 YEAR OLDS)

I hereby agree, as a Western Canadian Classic Participant, to adhere to the rules established by the Western Canadian Classic Committee.

Signature of Participant _____

I /We (Parents or guardian) hereby agree not to hold the WCC Committee legally responsible for any sickness or injury that may be incurred while our son / daughter and /or calf are involved with the Western Canadian Classic Program, in or out of British Columbia. I /We agree to cooperate and support the committee as required. I am aware that my child's photo may appear on social media.

Signature of Parent / Guardian _____

WESTERN CANADIAN CLASSIC

The 2019 Western Canadian Classic (W.C.C) will be held in Olds, AB on August 20-24. This competition is open to 4-H members age 12 -19 (Jan. 1) or young adults up to age 21. Interested members are asked to complete the attached application form by the deadline shown. Successful applicants will be asked to pay \$550.00 towards the cost of the program (\$500.00 for participant without a calf). For families with more than one participant the cost is \$550 for the first and \$400 each thereafter.

PLEASE INCLUDE A \$100.00 DEPOSIT PER APPLICANT(cheque will be cashed upon selection, otherwise it will be destroyed) Please make cheque out to: BC WCC. Entries must be post marked by June 1st.

Selections for this year's team will be made following the 4-H Show at Maple Ridge Fair, and applicants will be notified regarding the selections. Although there is not a mandatory show, we encourage you to participate in as many shows as possible for the committee to observe you in the club and show setting. We will consider results from Vancouver Island show as well. We would like to emphasize that your placing in the show ring is not the only factor considered in selection. As important is your skills in judging, dairy science, clipping, fitting as well as your maturity and personal qualities that will help to make a strong provincial team.

The committee will be selecting 30 participants along with a limited number of participants without calves. Those without calves will work with the other team members in all activities, but will not compete in showmanship or conformation classes.

Since one of our objectives as a W.C.C. Committee is to provide a learning experience for our dairy youth, we will be working with all applicants prior to selections to help improve their judging skills and dairy science knowledge. We strongly encourage you to take advantage of these learning opportunities.

Judging Day on May 4, 10:00am at Benco Holsteins, 9302 UpperPrairie Rd.Chilliwack.

Judging on May 18, 11:00am at Starcrest Farms(will judge jerseys), 4931 Parkinson Rd., Armstrong, V0E 1B4. Kirsty: 250-351-5364 or Jim: 250-803-1484.

Clipping on June 22 at Lavender Farms, 240 McKenzie Rd., Abbotsford.

Clipping on July 7 at Hamming Holsteins, 9344 Hwy 97, Vernon

If you have any questions regarding the program, or the judging practices, please do not hesitate to ask.

Gerard Baars(604-615-5056)
Chairman, W.C.C Committee

Angela Hamming
604-818-7113

MEDICAL RELEASE FORM WCC

LEGAL NAME _____

ADDRESS _____

_____ POSTAL CODE _____

HOME PHONE # _____ BIRTHDATE _____

EMERGENCY CONTACT NAME
DURING WCC PROGRAM _____

CONTACT PHONE # _____

APPLICANTS' CARE CARD # _____

ADDITIONAL MEDICAL COVERAGE _____
(recommended while out of province)

MEDICAL HISTORY

Are the applicants immunizations up to date? _____

When was the last tetanus inoculation? _____

Does the applicant have any allergies? _____ List allergies _____

Does applicant take any medication? _____ If so, list the medication _____

Are there any medical concerns we should be aware of? _____ if yes, please indicate

what _____

I, _____ the parent or guardian of
_____, hereby authorize the chaperone/ leader in charge
to secure such medical advice and treatment as may be deemed necessary for the health
and safety of my child or ward. I agree to accept the financial responsibility in excess of
the benefits allowed by the Provincial Health Plan.

Signature of parent or guardian