

CK#: \_\_\_\_\_ Date: \_\_\_\_\_ Amnt: \_\_\_\_\_ CK#: \_\_\_\_\_ Date: \_\_\_\_\_ Amnt: \_\_\_\_\_

# Massey's Show Lamb Camp

J.B. Massey – 3711 Sun Valley Estates – Van Buren, AR 72956 – email: [jb.massey@yahoo.com](mailto:jb.massey@yahoo.com)

## 2012 REGISTRATION/STUDENT APPLICATION FORM

Please Check: \_\_\_ Norman, OK (June 4-5) \_\_\_ Coushatta, LA (June 7-8) \_\_\_ Murfreesboro, TN (June 11-12)  
\_\_\_ Winters, TX (June 18-19) \_\_\_ Merville, IA (June 21-22) \_\_\_ Busch, CO (June 25-26)  
\_\_\_ Maryland (June 29-30)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

Shirt Size (circle): YS YM YL S M L XL XXL Years of Lamb Showing Experience: \_\_\_\_\_

**ENROLLMENT FEE:**      **\$225.00** (for those who pre-register) - **\$100.00** with application (non-refundable and non-transferable). Balance of **\$125.00** due upon arrival.

**\$250.00** (for those who register at the door).

*If You Would Like Confirmation Your Application Has Been Received, Please Send Me a Email To [jb.massey@yahoo.com](mailto:jb.massey@yahoo.com) With the Child's Name.*

**\*\*MAKE CHECK PAYABLE TO MASSEY'S SHOW LAMB CAMP\*\***

**Medical Authorization & Liability Release Form Must Be Completed!**

## MEDICAL AUTHORIZATION & LIABILITY RELEASE FORM

We, the parents of \_\_\_\_\_ give our permission to J.B. Massey to enter this individual at any hospital for any emergency treatment necessary.

We also release J.B. Massey or any Fairgrounds and their representatives from any and all liability which might occur from any illness, injury or accident.

Above mentioned individual is now taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to medication: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Notary Public

Subscribed and sworn on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission Expires \_\_\_\_\_