



2024 Young Beef Breeders Bash

brought to you by

The Charbray Society of Australia

YBBB an educational event supporting our future, "Youth," the young and not so young who are thirsty for knowledge to succeed in and to keep the Australian Beef industry thriving.

4th – 7th April, Miles Showgrounds Qld

Age Open up to 25 years.

Designed to give our future Breeders the opportunity to build on their knowledge, activities will target practical knowledge and practices and will culminate with an awards ceremony, there are lots of prizes to be won. Friday & Saturday night will feature with Feast & Festivities evenings, all welcome, bring Mum & Dad along for a fun night out.

Camping is available on site with full on-site bathroom facilities, fees apply. Under 18's must have a parent or designated guardian on site at all times. We encourage you to arrive pm on Thursday the 4th of April, set up camp and settle in. Catering/Meals will commence with a welcome Breakfast Friday morning. The full programme will be available Feb/March 2024.

The entry fee of \$110 inc gst includes, a full Educational Programme, Meals from Friday Brekky through to Sunday Brekky, Just Country work shirt, Charbray truckers cap and a chance to win some great prizes. We do encourage parents to attend, stay on the Showgrounds and get involved in the event. A catering option is available for Adults & Siblings, fees apply.

Registration Closes **31.01.24** and will be capped at the first 40 paid in full registrations.

Registration Form - 2024 Young Beef Breeders Bash

Name 1: _____ **Age:** _____ **Shirt Size:** _____ **Boys/Girls/Mens/Ladies**

Name 2: _____ **Age:** _____ **Shirt Size:** _____ **Boys/Girls/Mens/Ladies**

Name 3: _____ **Age:** _____ **Shirt Size:** _____ **Boys/Girls/Mens/Ladies**

Name 4: _____ **Age:** _____ **Shirt Size:** _____ **Boys/Girls/Mens/Ladies**

Please provide any additional information about the participants into this box. Eg. Dietary Info, Special Requirements, Allergies

All Meals for parents/guardians/siblings \$110 per adult, siblings 12 yrs and under \$55 per child
Please indicate no. required _____

(Includes Breakfast, Lunch & Dinner Friday & Saturday & Breakfast Sunday)

Parents/Guardians volunteer assistance is an integral part of a successful camp.

Please indicate. Yes Available/No Unavailable

Will you be camping onsite Yes/No (Fees apply)

Please book & pay through the on-site grounds-keeper **Phone: 0458 929 413**

Parents/Guardians/Siblings are welcome to order a 2024 Young Beef Breeders Bash, Just Country Work shirt @ \$65 each. No. required: _____ Sizes: _____ Men's/Ladies/Boys/Girls

Will you be bringing cattle (halter broken) to camp Yes/No

If yes, a current Public Liability Insurance Certificate of currency for a least \$10million per family is required, please attach a copy to your registration when submitting. Limited loan animals will be available.

Parent/ Guardian Information (If under 18)

Name: _____ Best Contact P/No. _____ Email: _____ :

Participant/s Address: _____ ;

Best Contact P/No: _____ Email: _____ :

Emergency Contact Information

Contacts Name: _____ Relationship to Participant: _____ :

Best Contact P/No. _____ :

Medical Release & Authorization

As a Parent and/or Guardian of the named children within this Registration Form as participants, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency which in the opinion of the attending medical professional requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue suffering or discomfort if treatment is delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and/or immunizations for the named within this registration, minor child. In the event of an emergency arising out of serious illness, the need for major surgery or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. Permission is also granted to the Young Breeders Beef Bash organizing body, official speakers, and parents to provide emergency treatment prior to the child's admission to a medical facility. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances and the payment of any medical expenses incurred, for the protection of life and limb of the registered minor child in my absence.

Informed Consent & Acknowledgement

I hereby give my approval for the named child/children within this Registration Form as participants to participate in any and all activities prepared by the Young Beef Breeders Bash organizers for the duration of the event. I consent to images digitally recorded at this event of myself and/or of my child/children named within this registration to be published in any public media, including promotional material, on social media and the Charbray Society website ...for which it may be suitable. 'In exchange for acceptance of the mentioned minor/minors candidacy at this event, I assume all risks and hazards incidental to the conduct of the activities and release and absolve, the Young Beef Breeders Bash organizers, representatives', affiliates, participants, advertisers, speakers, sponsors, owners of the venue/s used to conduct the event and the Charbray Society of Australia Ltd, from any and all liability for injuries to said child arising out of traveling to, participation in or returning from selected event sessions. In case of injury to said child, I hereby waive all claims against the Young Beef Breeders Bash organizers, representatives, affiliates, participants, advertisers, speakers, sponsors, owners of the venue/s used to conduct the event/sessions and the Charbray Society of Australia Ltd. There is a risk of being injured that is inherent in all event activities. Some of these injuries include but are not limited to the risk of fractures, paralysis, or death.

By Signing below I _____ (Print your Name) accept & agree to the above Medical Release & Authorization and Informed Consent & Acknowledgement

Signed: _____ (Parent/Guardian) Date: _____ :

Please make payment via Direct Debit (including extras re Adult Meals & Shirts)

Charbray Society of Australia Ltd

BSB: 084 905

ACC No: 03 666 4722

Please use your last name and event as reference.

Email this registration form to admin@charbray.org



CHARBRAY

Society of Australia Limited