



UNIVERSITY OF GEORGIA ELITE STOCKMAN PROGRAM
POLICY REVIEW FORM

I (Name) _____, the parent or legal guardian of the Participant, (Name) _____, certify that I understand and have read all of the sections of the completed online application for the Elite Stockman program.

Please initial each section:

_____ Code of Conduct	_____ Waiver/Media Release
_____ Authorization for Medical Care.	_____ Authorization for Medication

Participant Name: _____

Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please send this completed form to Marrissa Blackwell via email (marrissa@uga.edu) or mail to:

Marrissa Blackwell
UGA Animal and Dairy Science
Elite Stockman Program
425 River Road
Athens, GA 30602-2771