

4-H County Registration Form

4-H Teem Summit 2024

Participant Full Name:

Registration Type Please Check One.

Agent / Adult	Summit County Member	STC	FLB	NRES <i>ci</i>	SSTAB	SET	State Officer

T-Shirt Size: <i>Adult Sizes Only</i>	Youth Small	Youth Medium	Youth Large	Youth XL			
	Small	Medium	Large	XL	XXL	XXXL	XXXXL

Roommate Preference

List up to three names

Youth will be in Cabins

1. _____
2. _____
3. _____

Workshop Preference:

Youth will sign up for two workshops

List of workshops and descriptions are found on attached Sheet.

1. Workshop #2 _____
2. Workshop #3 _____
3. Alternate _____
4. Alternate _____

What food accommodations do you require?

_____ Vegetarian Meal _____ Gluten Free Meal _____ Lenten / Catholic Meal

**Cooperative
Extension Service**

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ **(Initials)** ☐ Yes ☐ No I am willing to participate or give permission for my child to participate in any program evaluation.

Permission to Participate: I give permission for my child to attend and participate in the event listed above. I acknowledge and understand that participating in this event may include, but is not strictly limited to, the activities listed on the provided agenda. Participation is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. 4-H activity involvement will lead to contact with various individuals. I understand that attending this 4-H event is strictly voluntary and is not a requirement for being a 4-H member. I understand that my child is not required to participate in this event but grant permission for my child to do so despite the possible risks. I recognize that by participating in this event, as with any extracurricular activity, may risk potential injury. I hereby attest and verify.

that I have been advised of the potential risks through the risk management plan, that I have full knowledge of the risks involved in this activity, and that I may incur expenses in the event of a loss, an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ **(Initials)** ☐ Yes ☐ No I as the parent or guardian give permission for my child to participate in this event.

Permission to Register: I hereby give permission for the 4-H professional to use the information provided through the 4-H enrollment process to register my child for the listed 4-H event.

_____ **(Initials)** ☐ Yes ☐ No the event coordinator has permission to use my 4-H enrollment information to register my child for this event.

Permission to Photograph: I hereby give permission for the 4-H youth registering for this event to be photographed through the event while participating in activities. Photographs will only be used to share the success of the event and future marketing of the event.

_____ **(Initials)** ☐ Yes ☐ No I give permission for my child to be photographed and the photograph to use used as explained in the above paragraph.

Delegate:	Print:	Sign:	Date:
Parent/Guardian:	Print:	Sign:	Date:

Cooperative Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.