

## Kentucky 4-H Youth Development



# 4-H Event Registration Form 4-H Teen Conference

Participant Full Name:									
T-Shirt Size: Adult Sizes Only	Small	Medium	Large	XL	2XL	3XL	4XL		
Roommate Preference List up to three names Youth will be in dorm rooms. There are two beds to a room, so they will only be with 1 of the 3 listed. If no preference they will be put with same county youth.  1.  2.  3.  Major Cohort Preference: Please refer to the Major Cohort list and description  1. First Choice									
				2. Second Choice  3. Third Choice					
Registration Type:  County Delegate Current Board member: Adult Volunteer Agent  Pre-Conference Tour: KY Army ROTC and Obst Wildcat Campus Tour UK Art Museum Tour UK REC (Sports Fun) County on your own to	acle Course		ESci, State C	officer					

## Cooperative Extension Service

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

Lexington, KY 40506

#### 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.







### Kentucky 4-H **Youth Development**



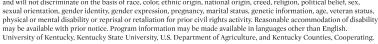
Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness 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. Lunderstand that my child or I may be asked for consent before

completing a surve	_		inderstand that my child of 1 may be asked it	or consent before
(Initials <b>)</b>	Yes	No I am willing to participate or give	e permission for my child to participate in a	ny program evaluation.
understand that participation is desired in the participation is desired in the participation in advised of the potential in the participation in advised of the potential in the participation in the potential in the participation in the par	articip signed ivities ttendir ed to p this ev	ating in this event may include, but is to expose 4-H members to new skills in a safe, nurturing environment. 4-H ng this 4-H event is strictly voluntary a articipate in this event but grant permivent, as with any extracurricular activities through the risk management plants.	tend and participate in the event listed above not strictly limited to, the activities listed on and experiences and to enable participants activity involvement will lead to contact with a sond a requirement for being a 4-H membranesis of for my child to do so despite the possity, may risk potential injury. I hereby attest an, that I have full knowledge of the risks inveness, or other incapacity, regardless of whe	the provided agenda. to be challenged to try h various individuals. I nber. I understand that my sible risks. I recognize that and verify that I have been volved in this activity, and
(Initials)	Yes	No I as the parent or guardian give	permission for my child to participate in this	s event.
		hereby give permission for the 4-H pr gister my child for the listed 4-H event	rofessional to use the information provided t.	through the 4-H
(Initials) this event.	Yes	No the event coordinator has pern	nission to use my 4-H enrollment informatio	on to register my child for
		, - ,	H youth registering for this event to be phot used to share the success of the event and	
(Initials) the above paragra	Yes iph.	No I give permission for my child to	be photographed and the photograph to u	se used as explained in
Delegate:		Print:	Sign:	Date:
Parent/Guardian	1:	Print:	Sign:	Date:

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







## University of Kentucky Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMPINFORMATI	ON:		
Program/Camp Name: 4-H Tee	n Conference		
Date(s):	Time(s):		
Location: University of Ker	tucky		
PARTICIPANT INFORMATION	<u>:</u>		
Name of Participant:			
Address:	City:	State:	Zip:
Phone Number:	Date of Birth:	Gender: M	F
FULLY SIGNED FORM MUST ALLOWED TO PARTICIPATE IN I, the undersigned, wish for my	NT CAREFULLY BEFORE SIGNING.  THE SUBMITTED BY A PARENT OF THE ABOVE REFERENCED PROGRA  Child (hereafter "Child") to participal cation(s) indicated above and, in consideration and the consideration in the consideration	OR LEGAL GUARDIAN AM/CAMP. te in the above referenced	BEFORE ANY CHILD IS  I youth program (hereafter
inherent risks to which my Child m death, as well as economic and pro both known and unknown, and ha	preciate that as part of my Child's parti- nay be exposed, including the risk of serious operty loss. I further realize that participat we elected to allow my Child to take pa- isk of injury, loss of life or damage to pro-	us physical injury, temporaring in the youth program mrt in the Program. Therefo	y or permanent disability, and ay involve risks and dangers, re I, on behalf of my Child
Leaders, the Program Staff, and a liability as to any right of action th	release the University of Kentucky, its Boll other officers, directors, employees, votat may accrue to my heirs or representative icipating and/or traveling to or from the Ca	plunteers and agents (herea wes for any injury to my Chi	fter "UK") from any and all ld or loss that my Child may
claims and demands of every kind omissions and any present or futur	ore release, indemnify and hold harmless whatsoever, specifically including, but not e claim, loss or liability for injury to person, that may or does arise out of my C ld's personal property.	t limited to, any claim for no son or property that my Chi	egligence or negligent acts or ild may suffer, for which my
behalf. I hereby hold harmless and out of or resulting from said medic	as illness, I hereby authorize representative dagree to indemnify UK from any claim al treatment. I further agree to accept full injuries to my Child that may occur during by	ms, causes of action, dama responsibility for any and al	ages and/or liabilities, arising l expenses, including medical
contractual and not a mere recit ample opportunity to read this do giving up substantial rights (in- voluntarily, and intend by my sig allowed by law. My signature on	tire agreement between the parties to al. The information I have provided is occument and I understand and agree to cluding my right to sue), and acknown gnature to provide a complete and unce this document is intended to bind not on a dassigns of myself and my Child.	disclosed accurately and to all of its terms and conditi vledge that I am signing onditional release of all lia	ruthfully. I have been given ions. I understand that I am this document freely and ability to the greatest extent
Participant Name	Parent	/Guardian Name	
Participant Signature	Parent	:/Guardian Signature	
D 4	D 4		