

4-H County Registration Form

Kentucky 4-H State Communication Speech and Demonstration Contest

(Location TBD)

Participant Full Name:	
Age Division	<input type="checkbox"/> Senior 4-H Member <input type="checkbox"/> Junior 4-H Member
Submission Type	<input type="checkbox"/> Speech <input type="checkbox"/> Demonstration <input type="checkbox"/> Mock Job Interview
Speech Category and Title	<input type="checkbox"/> Not Doing a Speech <input type="checkbox"/> 9-Year-Old <input type="checkbox"/> 10-Year-Old <input type="checkbox"/> 11-Year-Old <input type="checkbox"/> 12-Year-Old <input type="checkbox"/> 13-Year-Old <input type="checkbox"/> 14-Year-Old <input type="checkbox"/> 15-Year-Old <input type="checkbox"/> 16-Year-Old <input type="checkbox"/> 17-18-Year-Old Title of Speech: _____
Demonstration Category and Title	<input type="checkbox"/> Not Doing a Demonstration <input type="checkbox"/> Agriculture <input type="checkbox"/> Animal Science <input type="checkbox"/> Visual Arts <input type="checkbox"/> Performing Arts <input type="checkbox"/> Clothing and Textiles <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Foods <input type="checkbox"/> Health <input type="checkbox"/> Team Demonstrations <input type="checkbox"/> Natural Resources <input type="checkbox"/> Shooting Sports <input type="checkbox"/> Science, Engineering, and Technology <input type="checkbox"/> Digital Media Presentation Title of Demonstration: _____

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.

Mock Job Interview Category	<input type="checkbox"/> Not Participating in Mock Interview <input type="checkbox"/> 14-15 Age Category <input type="checkbox"/> 16-18 Age Category
------------------------------------	--

Add additional questions as needed:	
County specific deadline or information can be added here.	

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 acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can complete eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H programs.

_____ (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:

