Department of 4-H Youth Development

4-H County Registration Form 4-H Teen Conference 2025 (June 10th – 13th)

Participant Full Name:										
T-Shirt Size: Adult Sizes Only	Small	Medium	Large	XL	2XL	3XL	4XL			
Roommate Preference List up to four names Youth will stay in dorm rooms, each having their own room but sharing a suite with one other person. If roommates are not listed, they will be assigned with someone from their county or area. Please ensure that the roommates listed are also registering for the conference.	2			As s and are o leav will Age to an need	ome are awa Teen Confercompeting in e UK Camp need to com nt and ensured from the	rence overlap in an FFA cont us to attend the imunicate wing that you ha FFA Convent incate with you	State Convention this year. If you test and need to hat is okay! You th your 4-H ve transportation			
Major Cohort Preference: Please list up to three choices for majors. We will do our best to place you in one of your top three choices. Example: First Choice: AGR1 Agri-tourism in Central KY All Majors require closed-toed shoes!			1. First Choice 2. Second Choice 3. Third Choice							
Achievement Scholarship information. This is for current award winers this current program year. Please Check the one that applies	Bron	ze: arship: \$100.00		ver: olarship: \$2	200	Gold:	p: \$300.00 Full			

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

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Department of **4-H** Youth Development

Event Consent and Release

			Event Con.	sent and recease				
parent/ guardian, site that will be used to c evaluations is volume	e manager letermine tary and th ny or my c	r, etc.) and program nat my ch hild's eli	I give permission for m effectiveness or to pron ild and I may choose no gibility to participate in	ngness to participate as an adult (i.e., 4-H leader, y child (under 18 years of age) to complete survente the program. I understand that participation of to participate and may withdraw from surveys the 4-H program. I understand that my child or leading to the description of the description of the description.	eys and evaluations in surveys and and evaluations			
(Initials)	□ Yes	□ No	I am willing to partic program evaluation.	articipate or give permission for my child to participate in any ion.				
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 gua	ardian give permission for my child to particip	oate 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:			

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Lexington, KY 40506





