

## 4-H County Registration Form

### 2025 4-H Capitol Experience, February 25-26th (Frankfort, KY)

<b>Participant County:</b>	
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<b>Participant Full Name:</b>	
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T-Shirt Size: <i>Adult Sizes Only</i>	Small	Medium	Large	XL	XXL	XXXL	Other

<b>Registration Type:</b>	<input type="checkbox"/> Full (Tuesday: Dinner Included and Wednesday: Lunch Included)
Please select ONE option:	<input type="checkbox"/> Part-Time (Tuesday: Engagement Workshop – Dinner Included)
	<input type="checkbox"/> Part-Time (Wednesday: Capitol Experience, Lunch Included)
	<input type="checkbox"/> Part-Time (Wednesday: Capitol Experience, Lunch – ON YOUR OWN)



**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.

<b>Delegate:</b>	Print:	Sign:	Date:
<b>Parent/Guardian:</b>	Print:	Sign:	Date:

