

# 4-H County Registration Form

## 4-H Summit 2025 March 20<sup>th</sup> – 22<sup>nd</sup>

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

|   |   |
|---|---|
| <b>Workshop Preference:</b><br>List of workshops and descriptions are found on attached Sheet. Every effort will be made to assign you one of your top three choices. | <p>1. First Choice _____</p> <p>2. Second Choice _____</p> <p>3. Third Choice _____</p> |
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| <b>Food accommodation:</b><br><br>Anything beyond what is listed for accommodation will need to be the responsibility of the parent / Agent to provide alternative / supplemental meals for youth to eat and prepare while attending the event. Food storage can and will be made available, but preparation will need to be limited to a microwave or oven. | <p><input type="checkbox"/> <b>Vegetarian Meal</b></p> <p><input type="checkbox"/> <b>Gluten Free Meal</b></p> <p><input type="checkbox"/> <b>Lenten / Catholic Meal (Friday Only)</b></p> <p><input type="checkbox"/> <b>No accommodations needed</b></p> |
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| <b>Cabin Assignments:</b> | <b>Youth will be housed with their other county delegates of the same gender; Counties will be grouped by areas until the cabin is full.</b> |
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**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.

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

