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. 3. 			As s and are o leav will Age to an need	Teen Confercompeting in e UK Camp need to connt and ensured from the late community to community	rence overlap n an FFA cont us to attend the municate with re that you ha FFA Convent nicate with you	State Convention this year. If you test and need to hat is okay! You			
Major Cohort Preference: Please list up to three choices for major place you in one of your top three cho Example: First Choice: AGR1 Agri-to. All Majors require closed-toed significant.	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:	200	Gold:	ip: \$300.00 Full			

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

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Department of **4-H Youth Development**

			Event Con	sent and Neicase				
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 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:	Print:		Sign:	Date:			

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