

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

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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.

1. _____
2. _____
3. _____
4. _____

FFA State Convention Information:

As some are aware, the FFA State Convention and Teen Conference overlap this year. If you are competing in an FFA contest and need to leave UK Campus to attend that is okay! You will need to communicate with your 4-H Agent and ensure that you have transportation to and from the FFA Convention. You will need to communicate with your Agent when you leave and when you return to campus.

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: *AGRI 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 winners this current program year.

Please Check the one that applies

Bronze:

☐

Scholarship: \$100.00

Silver:

☐

Scholarship: \$200

Gold:

☐

Scholarship: \$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

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.

Event Consent and Release

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.
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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.
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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.
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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.
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Delegate:	Print:	Sign:	Date:
Parent/Guardian:	Print:	Sign:	Date:

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