

June 2, 2021

Application & Entry Form 2021 Southern Regional 4-H Horse Championships

The **2021 South Regional 4-H Horse Championship Show is scheduled for July 28 – August 1, 2021 in Perry, Georgia.** The application process for 4-Hers wishing to show at the 2021 Southern Regionals is similar to past years, however, this year we are bypassing the deposit process.

The procedure is as follows:

Please note the following important information about the application/entry process.

1. All application entries **must** be signed off by the 4-Her's Extension Agent.
2. All applications must be complete with all forms, signatures, Coggins, full payment, and State Show Results Form by the postmark deadline of June 16, 2021. No exceptions!
3. Exhibitors are allowed to bring two horses, however they must designate which horse is their first choice and which is their second choice
 - a. Second choice horses will be placed at the end of the list until the application deadline has passed. The second choice horse will be ranked if there are spots left and exhibitors will be notified if their second horse has been accepted.
4. Submission of application and fee does not guarantee acceptance to participate at Southern Regionals. **Each state is only allowed 70 horse and rider combinations.**
5. Checks will be returned or refunded for entries beyond 70 according to the ranking.
6. All applicants will receive confirmations by June 28, 2021.

Eligibility

Virginia members who wish to participate in the 2021 Southern Regional Championships must be enrolled in 4-H in Virginia and not have had their 19th birthday prior to January 1, 2021.

4-H Horse Educational Contests

Virginia can enter two judging teams, two horse bowl teams, two hippology teams, two public speakers, two team demonstrations and two individual presentations. Members will qualify through participation in EquiSmartz and will receive information about participation at this event.

4-H Members Showing Horses

Virginia is allowed to enter 70 horse/rider combinations. In order to qualify, members must have previously participated in the Virginia State 4-H Horse Show. Each member may enter one or

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments.

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer.



**Virginia
Cooperative
Extension**
Virginia Tech • Virginia State University
www.ext.vt.edu

two horses and must have the application approved by their extension agent. Final eligibility will be determined by the State 4-H Horse Staff. All entries must obtain and comply with any health requirements for the particular host state.

All entries attend at their own expense and must be supervised by parent and/or local leader and must make their own arrangements for travel, lodging, etc.

The 2021 Southern Regional Rulebook with entry forms, schedule, and competitor information are posted on the website at:

<https://ext.vt.edu/4h-youth/horse/events/southern-regionals.html>

Refunds

Refunds due to hardships are accepted until July 1. No refunds after that date.

Acceptance Ranking:

Once all applications have been received, they will be ranked for acceptance according to the following beginning with the 2019 State 4-H Horse Show:

*where placing is considered, riders will be ranked by class size

*submission of the application entry does not guarantee acceptance to Southern Regionals.

- | | |
|-----------------------|---|
| 1. Division Champions | 10. Sevenths |
| 2. Class Champions | 11. Eighths |
| 3. Class Winners | 12. Ninths |
| 4. Reserves | 13. Tenths |
| 5. Seconds | 14. After top 10, entry is on a first come, |
| 6. Thirds | first serve basis and based on the |
| 7. Fourths | postmark of the entry form if the 70 |
| 8. Fifths | slots have not been filled. |
| 9. Sixths | |

Substitution

If the exhibitor wishes to show another horse that was not ridden at the 2019 State 4-H Horse Show, the horse must be qualified through participating in a 2020 or 2021 Qualifying Show or Clinic and must also be Horsemanship Skills Qualified. This horse will be placed at the bottom of the list and will only be allowed to compete if there are spots available.

If you have any questions, please contact Sandy Arnold at 703-201-4322 or by email at horse4h@vt.edu.

Southern Regional 4-H Championship Horse Show

Perry, GA

July 28-August 1, 2021

1 of 5

4-H Member's Name: _____ State: _____

Address: _____ City: _____ Zip: _____

Phone No.: (____) _____ Age as of Jan. 1, 2021 _____ Birthdate: _____

Grade: _____ Email: _____ Would you like to receive text alerts? __ Yes __ No

List any special needs required: _____

(attach appropriate verification of need)

Horse's Registered/Show Name: _____

*Required for O/F - Horse/Pony Height (By Hands): _____ Select: _____ Mare _____ Gelding **Coggins Included:** _____

Breed: _____ Year foaled: _____ Registration #: _____

If arriving on Wednesday, would you be willing to have your horse considered as a candidate for the Horse Judging Competition Thursday morning? Yes ☐ No ☐

MAIL ALL PAPERWORK & CHECK TO:
Sandy Arnold, Youth Equine Ext. Assoc.
VT MARE Center
5527 Sullivans Mill Road
Middleburg, VA 20117

DUE POSTMARKED JUNE 16, 2021

MAKE CHECKS PAYABLE TO VTF-HORSE

Check Classes to be entered:

Please Refer to Show Schedule before signing up for classes

Exhibitors may only enter one conformation class per horse and one showmanship class per horse

Western

- ☐ 1. Stock Type Mares
- ☐ 2. Stock Type Geldings
- ☐ 9. Western Showmanship
- ☐ 20. Western Pleasure
- ☐ 21. Western Horsemanship
- ☐ 22. Western Riding
- ☐ 23. Western Trail*

**Exhibitors may enter the same horse in both Western Trail and Ranch Trail.
Order of go assigned*

Ranch

- ☐ 12. Ranch Ground Handling
- ☐ 14. Breakaway Roping
- ☐ 16. Working Cow Horse (boxing only)
- ☐ 15. Ranch Roping
- ☐ 19. Ranch Trail
- ☐ 18. Ranch Riding
- ☐ 17. Ranch Reining

Speed Events

- ☐ 24. Pole Bending
- ☐ 25. Barrel Racing
- ☐ 26. Stake Race

Dressage

- ☐ 38. Dressage, Training Level Test 3 ++
- ☐ 40. Western Dressage, Basic Level Test 4
- ☐ 39. Dressage, First Level Test 3 ++

++Exhibitors may enter the same horse in both Training Level and First Level Dressage.

Saddle & Gaited

- ☐ 5. Saddle Type Mares (Trotting)
- ☐ 6. Saddle Type Geldings (Trotting)
- ☐ 7. Gaited Mares
- ☐ 8. Gaited Geldings
- ☐ 10. Saddle Type Showmanship
- ☐ 11. Gaited Showmanship
- ☐ 27. Saddle Seat Pleasure
- ☐ 28. Saddle Seat Equitation
- ☐ 29. Gaited Pleasure* (Walking Horse Type) +
- ☐ 30. Gaited Pleasure* (Racking Horse Type) +
- ☐ 31. Gaited Pleasure* (Non-Walking/Racking Breeds) +
- ☐ 32. Gaited Equitation +

**A horse may only enter one Gaited Pleasure class.*

**One-time DQP fee required for these classes*

Hunter

- ☐ 3. Hunter Type Mares
- ☐ 4. Hunter Type Geldings
- ☐ 13. Hunter Showmanship
- ☐ 33. Hunter Under Saddle
- ☐ 34. Hunt Seat Equitation
- ☐ 35. Working Hunter
- ☐ 36. Equitation Over Fences
- ☐ 37. Jumping

(Note: Entering ANY O/F class will require a ONE TIME \$15 schooling fee for schooling on Thursday and Friday)

Extension Agent Signature: _____ **Date:** _____

Unit: _____

4-H Member's Name: _____

2 of 5

FEE SUMMARY			
#	Description	Cost	Subtotal
	T-Shirts	\$12/each	
	Classes	\$20/class	
	Horse Stall	\$65/stall	
	Tack Stall	\$65/stall	
	Cattle fee	\$25/class	
	Jumping Fee	\$15 if in Over Fences	
	DQP Fee	\$10/horse	
	Office Charge	\$45/horse	
		TOTAL DUE:	

VIRGINIA DELEGATION T-SHIRTS
TALLY NUMBER OF T-SHIRTS PER SIZE

SMALL	
MEDIUM	
LARGE	
XL	
2XL	
3XL	

ENTRY DEADLINE POSTMARKED:

JUNE 16, 2021

IMPORTANT FEE INFORMATION:

- Include T-Shirt Sizes
- Every horse must have a stall.
- Shaving will be available on show grounds. Check with show grounds for hours of operations for shaving sales.
- Check should be written to **VTF-HORSE**

Estimated date and time of arrival: _____

Please list with whom you would like to share a tack stall: _____

NEGATIVE COGGINS REQUIRED: All horses MUST have a current negative Coggins (within past 12 months – since August 4, 2020). Additionally, any horse traveling to Georgia must have a Certified Veterinary Inspection Certificate within 30 days of arrival or an Equine Event Permit within six months of arrival. **A copy of the Coggins must be sent in with the entry form.**

Under Georgia Law, an equine activity sponsor or equine professional is not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

RELEASE FORMS FOR PARTICIPANTS:

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteers, parent/guardian, site manager, etc.) and permit my child (under 18 years of age) to voluntarily complete surveys and evaluations that will be used to determine program effectiveness. 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 to my or my child's eligibility to participate in the Southern Regional 4-H Horse Championships. I understand that my child or I may be asked for consent before completing a survey or an evaluation and that no identifying information will be collected.

Yes No, I am not willing to participate or give permission for my child to participate in any program evaluations

Parent Authorization and Permission to Treat: I hereby give permission to the medical personnel selected by the Clemson University Extension Service and 4-H Youth Development Program to provide routine health care: to administer medications; to order X-rays, routine tests, or provide routine treatment; to release any information necessary for insurance purposes or for further treatment; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the 4-H Youth Development Personnel to secure and administer treatment, including hospitalization, for the person named above.

Agree Disagree

Youth's Signature _____

Parent/Guardian's Signature _____

Date: _____

Photo Consent for Minors - PLEASE READ THIS RELEASE CAREFULLY.

This Release affects the rights you may have concerning the use by Clemson University, its representatives and employees and each of their respective successors, assigns and licensees (collectively, "Clemson University") of any photographs, video or images taken of my child during the Program identified above.

In consideration for my participation in the about reference Program at Clemson University, I hereby grant Clemson University the right to create and capture audiovisual, audio-only, visual-only, and literary works, including the production of video and/or audio tapes, photographs, films, and/or recordings of and from my child and/or his or her performance (the "Content") by any method of recording. I hereby irrevocably and unconditionally grant to Clemson University the right to use (or allow or license others the right to use) the Content, my name, likeness and biographical information as follows:

1. To copy, reproduce, distribute, modify, display and perform.
2. To use in composite or modified forms in any media, now known or later developed, including but not limited to publications, newspapers, television, radio, sound track recording, motion picture, filmstrip, still photograph, the Internet, the World Wide Web, or any transcript.
3. For any purpose throughout the world and in perpetuity, including by not limited to education, research, trade, advertising, and promotion.

Clemson University shall be the exclusive owner of all copyrights and other rights in and to such Content, which shall be deemed a work-made-for-hire specifically ordered and/or commissioned by Clemson University. Without limiting the generality of the foregoing, Clemson University shall have the right to add to, subtract from, create derivative works based on, change, revise, rearrange or otherwise edit the Content. I hereby waive any "moral rights" I or my child may have in or to the Appearance.

Clemson University is not obligated to use any of the rights granted by me under this Agreement, but I agree that Clemson University may do so without any payment to myself or any other person or entity. This is a non-union agreement. I acknowledge and agree that the production of the Content hereunder shall not be subject to the terms of any collective bargaining agreement. I waive the right to inspect or approve uses of the Content and these images, recordings and written copies of works featuring my child and/or my child's performance. Furthermore, to the maximum extent permitted by law, I hereby release Clemson University, its successors, assignees and licensees, and each of their respective parents, subsidiaries and affiliated companies (all such individuals and entities collectively referred to as the "Released Parties") from any claim of any kind or nature whatsoever arising from the use of the Content or my involvement in the Program including, without limitation, any and all claims, demands, or liabilities for invasion of privacy, infringement of my right of publicity, defamation (including libel and slander) and any other personal and/or property rights (collectively, the "Released Matters"). I intend and agree that this Release shall be effective as a full and final accord and satisfaction and general release of and from all Released Matters. In connection with this waiver, I acknowledge that I am aware that I may hereafter discover claims presently unknown or unsuspected, or facts in addition to or different from those which I now know or believe to be true, with respect to the subject matter of this Release. Nevertheless, I intend by this Agreement to release fully, finally and forever all Released Matters under this Release. In furtherance of such intention, the releases set forth in this Agreement shall be and shall remain in effect as full and complete releases notwithstanding the discovery or existence of any such additional or different claims or facts relevant hereto

I, affirm, represent, and warrant by my signature below that I have the right, power, authority and the ability to enter into this release agreement and perform all actions in connection herewith, and that I am not under any contract or other arrangement with any person or entity which would interfere with any aspect of my performance under this release agreement or diminish its value to Clemson University. Furthermore, I represent and warrant that I am the parent or guardian of the minor whose name appears below, I acknowledge that I have read the foregoing Release and am familiar with each and all of the terms contained therein, I am satisfied that the Release is fair and equitable, and I hereby give my express consent to its execution by my child/ward and will not revoke my consent at any time. I hereby release the Released Parties as defined in the paragraph above from any claims and/or causes of action I may have against them of any nature whatsoever. I hereby fully and unconditionally guarantee the performance of my child's/ward's obligations and the grant of rights in and to the results and proceeds of my child's/ward's activities as set forth above.

Please Check the appropriate Boxes and Sign: ☐ My Child's image may be used. ☐ My Child's image may NOT be used

If you have agreed that your child's image may be used, I agree that my child's name and identity:

☐ May be revealed in such publications or materials ☐ May NOT be revealed in such publications or materials.

Youth's Signature _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature _____ **Date:** _____

Release of Liability: In consideration for my child being allowed to participate in this Southern Regional 4-H Championships Horse Championships I, the undersigned, acknowledge, appreciate, and agree that:

1. This Southern Regional 4-H Horse Championships affords my child the opportunity to participate in activities, including, but not limited to: horseback riding, educational events (horse bowl, hippology, horse judging, presentations), parade of states and exhibitor party. Realizing that there are inherent risks in these activities, I voluntarily choose to allow my child to participate in this Southern Regional 4-H Horse Championships. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this Southern Regional 4-H Horse Championships. I agree to pay for any medical costs that are not covered by or exceed the limits of my insurance coverage.
3. I understand that activities for this Southern Regional 4-H Horse Championships may be physically strenuous, and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and forever discharge Southern Regionals 4-H Horse Championships Specialist Committee, Clemson University and its Board of Trustees, its officers, agents, employees, volunteers, and representatives from all claims, demands, liabilities, rights, and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this Southern Regional 4-H Horse Championships, whether caused by the negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage, or costs, including court costs and attorney's fees, that may occur as a result of my or my child's negligent or intentional act or omission while participating in this Southern Regional 4-H Horse Championships.

Agree Disagrees

Youth's Signature _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature _____ **Date:** _____

4-H Horse Program Assumption of Risk and Release from Liability: I acknowledge and agree that I am the parent or legal guardian of the minor child identified. I would like my child to participate in the following Southern Regional 4-H Horse Championships (hereinafter ACTIVITY) for the current 4-H Year (September 1 - August 31) In consideration for my child being allowed to participate in this ACTIVITY, I, the undersigned, acknowledge, appreciate, and agree that:

1. I have an accident and health insurance policy that will provide coverage for any injury or illness that may occur during my child's participation in this ACTIVITY. I understand that I am responsible for any and all costs relating to medical treatment or care of injuries or illness that my child may suffer as a result of, or while participating in, the ACTIVITY.
2. I understand that this ACTIVITY is physically strenuous, and I know of no medical reason why my child should not participate.
3. I agree that my child will comply with the Southern Regional 4-H Horse Championships Policy on Headgear Safety Equipment, please see Southern Regional 4-H Horse Championships rulebook.
4. Equine activity is an inherently dangerous activity because of but not limited to: the propensity of the equine to behave in ways that may result in injury, harm, or death to people or other equines; the unpredictability of an equine's reaction to sound, sudden movement, an unfamiliar object, a person or another animal; certain hazards such as surface and subsurface conditions; and collisions with other equine or objects; the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability. **KNOWING AND UNDERSTANDING THESE RISKS, I HEREBY RELEASE AND HOLD HARMLESS SOUTHERN REGIONAL 4-H HORSE CHAMPIONSHIPS SPECIALIST COMMITTEE, CLEMSON UNIVERSITY, THE SC 4-H HORSE PROGRAM, THE SC 4-H COOPERATIVE EXTENSION SYSTEM, 4-H CLUBS AND ALL OF THEIR TRUSTEES, EMPLOYEES, STUDENTS, AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, SUITS OR CAUSES OF ACTION FOR DAMAGES SUFFERED AS A RESULT OF AN INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE INCURRED BY MY CHILD WHILE SAID CHILD IS PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY.**
5. I also agree to indemnify and hold harmless Clemson University, the SC 4-H Horse Program, the 4-H Cooperative Extension System, and 4-H Clubs for any loss, liability, damage, or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this ACTIVITY.

Agree Disagrees

Youth's Signature _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature _____ **Date:** _____

4-H Member's Name: _____

5 of 5

4-H Behavior Agreement for Youth: The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the 4-H Youth Development Program. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part in and/or attend 4-H events.

Violations of this Behavior Agreement will result in disciplinary action based on county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to disciplinary policies developed at the county level. Participants in state and national events shall be subject to the disciplinary policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the event chaperones before more drastic action is taken. If, after discussion, the behavior continues or, in the opinion of the chaperones, it would be detrimental for the individual to continue with the group, the participant will be sent home **at the participant's/parents' expense. Also, participants/parents will be financially responsible for any damage caused by the participant.**

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate in all scheduled program activities. Participants are required to wear name tags when dispensed.
4. No violence, including sexual abuse or harassment, will be tolerated.
5. All participants are expected to be on the designated site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
6. Participants are responsible for following the instructions of all 4-H staff and volunteers.
7. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
8. Curfew hours must be strictly followed. Participants are not to go into other's rooms after curfew.
9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
10. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry-sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
11. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Membership/Event Permission Form for youth on file for the event.
12. With the concern for the well-being of self and others, vaping, smoking, and the use of other tobacco products is prohibited.
13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property, or property damage is prohibited.
14. Inappropriate use (e.g., during programming) of cell phones or other electronic devices is prohibited. Cell phones, cameras, imaging, and digital devices are prohibited in showers, restrooms, or other areas where minors expect privacy.
15. The operation of motor vehicles by minors is prohibited while attending and participating in a program or activity.
16. Hazing of any kind is prohibited. Bullying, including verbal, physical, and cyberbullying, is prohibited.
17. Unauthorized possession, distribution, or use of weapons, ammunition, or fireworks is prohibited.
18. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism, and forgery are inappropriate actions.

☐ Agree ☐ Disagrees

Youth's Signature _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature _____ Date: _____

4-H Member's Name: _____

6 of 5

Release from Supervision of Minors

I, _____ (Parent or Guardian's Name), would like to bring my child,

_____ (Child's Name), to participate in the Southern Regional 4-H Horse Championship to take place at the Georgia National Fairgrounds & Agricenter in Perry, GA on July 28-August1, 2021. I understand and agree that neither Clemson University nor South Carolina 4-H will provide supervision for the individual participants at this EVENT. I understand and agree that I am responsible for:

1. Making all transportation arrangements for my child to and from the EVENT
2. Making all overnight accommodation arrangements if necessary, and
3. Providing supervision of my child at all times while they are participating in the above-described EVENT.

By signing below, I verify that I am an authorized parent or guardian of _____ (Child's Name) and have authority to sign this document on him or her behalf.

Parent or Guardian Signature

Date

Print Parent or Guardian's Name: _____

2021 Southern Regional 4-H Horse Championship Application

Results from 2019 State 4-H Horse Show (if not for 2019, indicate year _____)

Division*	Section Name	Class Name	Placing/ Number Entries (if known)	Champion?
I. Equitation				
II. Showmanship				
III. Hunter				
IV. Miscellaneous				
V. Pleasure				
VI. Western				
VII. Gymkhana				
VIII. Trail				
IX. Exceptional Rider				
X. Dressage				
XI. Reining				

* As listed in 2019 State 4-H Horse Show Rule Book

Participated in SR previously? Which Year?



INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: _____

Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____ Gender identified with: _____
Last First (Underline name by which you like to be called) Middle

Mailing address: _____ Participant cell phone: (_____) _____

City: _____ State: _____ ZIP: _____ Home phone: (_____) _____

Age: _____ Birthdate: _____ Home email: _____

Ethnicity (choose one): Hispanic/Latino ☐ Not Hispanic/Latino ☐

Race (choose all that apply): American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐
 Native Hawaiian/Other Pacific Islander ☐ White ☐

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

☐ First parent/guardian name: _____ First parent/guardian email: _____

First parent/guardian phone daytime: _____ Evening: _____ Cell: _____

☐ Second parent/guardian name: _____ Second parent/guardian email: _____

Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Who has primary custody of the participant? _____

Address, if different than child: _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____

Phone: (_____) _____

Dentist/orthodontist name: _____

Phone: (_____) _____

Do you carry family medical / hospital insurance?: Yes ☐ No ☐

(Check ☒ one)

Carrier: _____

Policy ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: _____

Phone: (_____) _____

Cell phone: (_____) _____

2. If you **Cannot** be reached, who should be notified?

Name: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

☐ Yes ☐ No

PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?
[Check (✓) all that apply]

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Non-food allergies | <input type="checkbox"/> Other: _____ |

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

☐ YES ☐ NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

☐ YES ☐ NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

- I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
- I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME: _____

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? ☐ YES ☐ NO Date of most recent tetanus shot: (month/year) ____/____/____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____