



Niobrara County 4-H Friday Registration



Youth Information

Last Name: _____ First Name: _____
 Gender: Male Female Age: _____ Birthdate: _____
 School Name: _____ Grade: _____
 Email Address: _____ Cell Phone #: _____
 T-shirt size: _____

Contact Information/Communications

Parent/Guardian name(s): _____
 Primary Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Additional Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

Authorization and Risk Understanding

“As the parent/guardian of a 4-H participant, I acknowledge, understand, or agree that:

- All new learning experiences involve some personal injury risks.
- The risks of my child’s participation may include, but are not limited to, sprained muscles, broken bones, injury to body parts or functions, and death or serious bodily injury.
- The dangers and risks of participation may result in serious injury, serious impairment of my child’s future abilities to earn a living, engage in other business, participate in social or recreational activities, or generally enjoy life.
- Photos or video of my child can be reproduced for 4-H promotional or educational purposes including those used in higher education.
- Adult volunteers from the local community organize and coordinate 4-H activities in which my child may be participating and may or may not include transportation for my child.
- My child’s participation can be limited or revoked due to actions contrary to the 4-H Code of Conduct.”

Parent/Guardian Signature

Date

Issued in furtherance of extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Kelly Crane, director, University of Wyoming Extension, University of Wyoming, Laramie, Wyoming 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local UW Extension office. To file a complaint, write to the UW Employment Practices/Affirmative Action Office, University of Wyoming, Department 3434, 1000 E. University Avenue, Laramie, WY 82071.

Health Form

Do you have (or have a history of having), diabetes, asthma, heart condition, high blood pressure, seizures, fainting spells, headaches, or chronic bone, muscle or joint injury?

Yes _____ No _____

Please explain any health conditions mentioned above or other condition: _____

Allergies or reactions to DRUGS/MEDICINES (aspirin, penicillin, etc.): _____

Allergies or reactions to FOODS? (dairy, peanuts, gluten, shellfish, etc.): _____

Allergies or reactions to THINGS IN NATURE? (insect bite/stings, hay fever, ivy/oak/sumac toxins, etc): _____

List any required medications: _____

Provide any additional health information or clarification: _____

Insurance company: _____

As a participant/parent/guardian I understand and acknowledge that failure to disclose relevant information may result in harm to me or my child. By agreeing to this, I represent and warrant that I have provided all important information pertaining to me/my child's medical, mental and physical condition and that the information provided is accurate and complete. I agree to update any change in my child's mental, physical or medical prior to or during their participation.

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____