

● Registration Form ●

2019 Kentucky 4-H Livestock Skillathon Contest

County: _____

Documentation (Form A) for any 4-H participants that are "across county lines" members must be included with this registration form.

Please provide the following information for each contestant and designate members to a team. A team must consist of a **minimum of 3** individuals and a **maximum of 4** individuals.

	Contestant Birthdate (mm/dd/yy)	Check (✓) Appropriate Age Division						Check (✓) if 6-hr Educational Req't Met	
		Clover (9-11)	Intermediate (12-13)	Senior (14-18)					
<u>Team 1</u>	Contestant Name								
<u>Team 2</u>	Contestant Name								
<u>Team 3</u>	Contestant Name								

County Extension Agents are responsible for collecting the 4-H Participant Information Form for all program participants and/or volunteers. Please verify the following:

4-H Participant Information Form with Code of Conduct has been collected _____ (Please Initial)

Copies of the 4-H Participant Information Form should travel to and from the event/activity with the group's chaperone.

Client Protection/Risk Management _____ (Please Initial)

I certify that all volunteers for this program have been fully screened and have completed the Client Protection process as outlined by the University of Kentucky, Cooperative Extension Service.

Signature of Agent

Date

Excess insurance has been purchased for this state event through the UK Office of Risk Management (<http://www.uky.edu/EVPFA/Controller/risk.htm>) by the state event coordinator.

Return completed form and registration fee of \$20 per contestant to Steve Austin by mail (Dept. of Animal and Food Sciences, 911 W.P. Garrigus Bldg., Lexington, KY 40546-0215), fax (859-257-2534), or email (Steven.Austin@uky.edu) by **January 25, 2019**.

Please fill out Agent and Leader List on next page

AGENT AND LEADER LIST

Several adults will be needed at the 2015 Kentucky 4-H Skillathon Contest to serve as group leaders, station monitors, and scoring tabulators. Please provide the names of all adults (agents or adult leaders) from your county that will be available to provide assistance so assignments can be made and communicated in advance of the contests. **Each county with registered contestants must list at least one adult that can provide assistance during the contest. To help offset meal costs, please include \$10 for each adult that will help with contest and will need a lunch.**

Please send this form in with the Contestant Registration Form

Name	<i>Please Check (✓) Appropriate Boxes</i>			
	Agent	Leader	Will Assist with Contest	Needs a lunch*
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Include \$10 per adult that that will help with contest and will need a lunch with registration. For adults wanting a lunch that that will attend but will not be helping with the contest, include \$15 per adult for the lunch cost.**