



**4-H Livestock Quiz Bowl Contest Registration**

**Registration Due: January 5, 2024**

Please Return Form to: Larissa Tucker, 406 W.P. Garrigus Bldg., Lexington, KY 40546

By: Email form & mail check

County: \_\_\_\_\_

Coach: \_\_\_\_\_

Junior Team

Name	Birthdate	Address	Gender	Race

Junior Team

Name	Birthdate	Address	Gender	Race

Senior Team

Name	Birthdate	Address	Email Address	Gender	Race

Senior Team

Name	Birthdate	Address	Email Address	Gender	Race

**Registration Fees**

Each team entered will need to pay \$100 registration fee which will include 4 team members and 1 coach for lunch. Any extra parents or others who would like lunch will cost \$15 per person. Each team will need one coach who is there for the rounds that they are participating.

	No. of Teams	Cost Per Team (\$100)
Junior Teams		
Senior Teams		
Extra Meals (\$15 each)		
	<b>Total</b>	

Cooperative Extension Service agents are responsible for collecting the following paperwork, if applicable, from all program participants. They are asked to check and initial each line to provide documentation that this has been collected. Copies of the Participant Information & Insurance, Medical and Health Information and Code of Conduct Forms should travel to and from the event/activity with the groups chaperone. Excess insurance has been purchased for this state event through the University of Kentucky Office of Risk Management (<http://www.uky.edu/EVPFA/Controller/risk.htm>).

- Participant Information & Insurance Form \_\_\_\_ (Please Initial)
- Participants have completed the 6 educational hours required to participate in this activity \_\_\_\_ (Please Initial)
- Medical and Health Information Form \_\_\_\_ (Please Initial)
- Code of Conduct Form \_\_\_\_ (Please Initial)
- Photographic Release Form \_\_\_\_ (Please Initial)

A photo release statement is on the Participant Information and Insurance form. It is the responsibility of the agent to indicate youth/adults who are not able to be photographed and/or to remove them from photographic opportunities.

- Client Protection/Risk Management \_\_\_\_ (Please Initial)

I certify that all adult participants and volunteers for this program have been fully screened, have completed the CP/RM process as outline by the University of Kentucky and have been accepted as volunteers.

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Signature of Agent

Date

**Please make checks payable to: Kentucky 4-H Foundation**

**Mail checks to Larissa Tucker, 406 W. P. Garrigus Building,**

**University of Kentucky, Lexington, KY 40546-0215**