

4-H Dairy Judging Contest Registration

Registration Due: May 16, 2025

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

By: Email Larissa.tucker@uky.edu

County: _____

Coach: _____

Junior Participants

Name	Birthdate	Address

Senior Participants

Name	Birthdate	Address	Email Address

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>).

<input type="checkbox"/>	Participant Information & Insurance Form ____ (Please Initial)
<input type="checkbox"/>	Participants have completed the 6 educational hours required to participate in this activity ____ (Please Initial)
<input type="checkbox"/>	Medical and Health Information Form ____ (Please Initial)
<input type="checkbox"/>	Code of Conduct Form ____ (Please Initial)
<input type="checkbox"/>	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.

<input type="checkbox"/>	Client Protection/Risk Management ____ (Please Initial)
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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.

Signature of Agent

Date