

KENTUCKY STATE FAIR 4-H HORSE SHOW

Mounted Drill Team Competition Summary Sheet

Entry Fees: \$40/youth Divisions: Small Team (4-8 members), Large Team (9-24 members)

Name of Drill Team	
County & District	
Head Coach's Name	
Coach's Email	
Coach's Day Phone	

Individual 4-H Drill Team Member's Name		4-H'ers Parent/Guardian Signature
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	

ENTRIES: Each member of the Drill Team along with a parent or guardian must sign this form.

Please submit one Check per team. Checks should be made payable to KY 4-H Foundation

Please see next page

STALLS: Please indicate how many stalls you will need for Drill Team Horses only (do NOT) Be sure not to double count stalls for horses showing in the State Show as well as Drill Team.

CERTIFIED VOLUNTEER LEADER:

I certify that the 4-H members listed above have completed 6 hours of education.

SIGNED: _____ DATE: _____

COUNTY AGENT: I understand the rules governing the KY 4-H Horse Program and certify the eligibility of the above-named contestants as completing all requirements necessary for competition in the KY State Drill Team Competition.

SIGNED: _____ DATE: _____

PARENT/GUARDIAN: I have consented for my child to participate in the state 4-H horse show. I confirm that my 4-H'er will be wearing an ASTM-SEI Equestrian Helmet at all times while mounted, riding or driving during this event. Participation in state Extension activities is optional. Parents/guardians must understand that no supervision is provided for youth participants at state-sanctioned events. Parents/guardians who allow their children to stay overnight on-site at these events do so at their own risk. Possible risks include, but are not limited to, exposure to deviant behavior, health and safety risks and persons at the facility who are not involved with the event. By signing this registration form, I, as parent/guardian, accept full legal and financial responsibility for my child's involvement. I therefore waive my right to hold the University of Kentucky, the Kentucky Cooperative Extension Service, the facility, event planners, Extension volunteers and staff responsible in the event of accident, damage or loss.

Signature: _____ **Date:** _____

The Following items should accompany this form when submitted to the County Agent:

- Stall Request Negative Coggins Health Certificate Proof of EHV Vaccine