

2020 Livestock Overnighter Registration

Due February 3rd

YOU MUST BE ENROLLED WITH YOUR CLUB THROUGH 4-H ONLINE WHICH INCLUDES YOUR HEALTH/CODE OF CONDUCT/PHOTO RELEASE INFORMATION IN ORDER TO ATTEND

4-H Member Registration

Name: _____ Club: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

Email: _____ Age as of 01/01/2020 _____

Staying Overnight Yes No

Is there any health issues that we should know about that is not covered on the Health Form?

LIST ALL ALLERGIES HERE

I understand that if my child will be taking medication during this 4-H event I will complete and return the attached 4-H Event Medication Form. Parent/Guardian initial _____

For some activities participants will need to choose a single livestock species; in order to adequately plan we need to know in advance which species.

I would like to register for : **(Choose ONE only)**

_____ Beef

_____ Sheep

_____ Goat

_____ Swine

COST is \$20/4-H Member & \$10/Parent

Number of Members \$20 _____

Number of parents \$10 _____

Total enclosed \$ _____

PLEASE MAKE CHECKS PAYABLE TO: KENT COUNTY LIVESTOCK COMMITTEE

Mail Registration, Ice Skating Permission & Payment to:

Livestock Overnighter

C/O Kent County Extension Office

69 Transportation Circle, Dover, DE 19901

Parent Registration

Name: _____ Email: _____

Have you been screened as a Kent County 4-H Volunteer? Yes No

If no, you must pass a Criminal Background Check well in advance of the Overnighter.

Please provide your Date of Birth _____ / _____ / _____ Daytime Phone: _____

Address if different from Youth above: _____

Ice Skating Permission for Livestock Overnighter

As part of the overnighter activities we will be walking over to the ice arena for our own private skating time from 7:45 pm to 9:15 pm on Saturday, February 15th. The fee for skating and skate rental is covered by your registration fee and the Kent County 4-H Livestock Advisory Committee. If you wish for your child to wear a protective helmet while skating, the ice arena staff suggest sending a bike helmet along with your child. The ice arena no longer provides helmets to skaters.

Please check the appropriate box(es) and sign.

Yes I give my permission for my child to go ice skating at the Delaware State Fair Ice Arena as part of the Livestock Overnighter event.

Yes I wish for my child to wear a helmet while skating and am sending their bike helmet with them.

No my child does not have my permission to go skating as part of the Livestock Overnighter Event.

Child's Name _____

Parent or Guardian Signature _____

Date _____

This form must accompany your registration!

Children with no permission slip returned will not be allowed to participate.

Don't forget your \$5 donated item/child for the SPCA as part of your admission for the weekend and your permission slip if you wish to go ice skating!

PLEASE MAKE CHECKS PAYABLE TO: KENT COUNTY 4-H LIVESTOCK COMMITTEE

**Mail Registration, Ice Skating permission & payment to:
Livestock Overnighter
Kent County Extension Office**



4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- ✓ Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- ✓ Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____

Date: _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.