



# A Day in the Ring Livestock Show

## PARTICIPANT REGISTRATION



**Email completed forms to [kayla.threet@redoakisd.org](mailto:kayla.threet@redoakisd.org)**

**Forms are due by February 28th, 2020**

**Event will be held on Thursday, April 2<sup>nd</sup>, check-in begins at 9:15, show begins at 10:00am. Lunch will be served to all participants**

**Participant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Sex: M / F      Birth date \_\_\_\_\_      Age \_\_\_\_\_      Grade \_\_\_\_\_

Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name of person attending show with student \_\_\_\_\_ Phone \_\_\_\_\_

**A parent/guardian must be present during the duration of the A Day in the Ring Livestock Show.**

**Special Needs Information:**

Nature of Disability: \_\_\_\_\_

Does participant use a walker, wheelchair or crutches?    Yes    No    If YES, which one: \_\_\_\_\_

Seizures: Y / N      Diabetes: Y / N      Allergies: \_\_\_\_\_

**T-shirt Size (circle 1):**

Youth XS    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL    Adult XXL    Adult 3XL

**Release and Consent for Medical Treatment:**

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Ellis County 4-H and Texas A&M AgriLife Extension Service. Recognizing the possibility of physical injury associated with livestock and in consideration for the Ellis County 4-H and Texas A&M AgriLife Extension Service accepting the registrant for its livestock show and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Ellis County 4-H and Texas A&M AgriLife Extension Service, its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of the livestock utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release and Consent to Photography and Videography: (This section MUST be completed!)**

I, the parent/guardian of the registrant, hereby give my consent for photography/videography and the use of said photographs to be displayed on website, Facebook, or other means of advertisement expressly for the enrichment of the A Day in the Ring Livestock Show.      Yes \_\_\_ No \_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

**Office Use Only**

Participant Number: \_\_\_\_\_  
 Livestock: Sheep    Goat    Swine    Rabbit  
 Volunteer: \_\_\_\_\_  
 Volunteer: \_\_\_\_\_