

Team Entry Form

2025 National 4-H Livestock Skillathon Contest North American International Livestock Exposition

Entries close October 15, 11:59 pm - Entry fee: \$600.00 per team Late Entries accepted until October 22, 11:59 pm - Entry fee: \$1,000 per team

| Entries for the state of: | | | Date: | PLEASE TYPE | |
|--|--|--|---|--|--|
| Submission of form: | 00.10.00 00.pc | rintendent Rosie Nold, SSU, Brookings, SD 570 | ent Rosie Nold, <u>rosemarie.nold@sdstate.edu,</u> Berg Agricultural Hall 147 <u>,</u> pokings, SD 57007 | | |
| Check one: Check | Enclosed | Paid Online | (enclose copy of receipt) | | |
| Team members: (e | each team may ju | idge as many as 4 indiv | riduals; top 3 scores count to team | total) | |
| Name: | | | | | |
| Gender: | | | | | |
| Birth date: | | | | | |
| HS grad date (mo/yr): | | | | | |
| Address: | | | | | |
| City/Zip: | | | | | |
| | | | | | |
| 4-H Livestock Skillat contestants by notif Sunday evening pric previously entered i | thon eligibility rulification of the color to the contest. In the contest. | les in the premium boo ntest superintendent b Only alternates identi DEXCEPTIONS! A max | oroved as eligible contestants in thock. They may be substituted for an efore the end of the coaches' mee fied on this entry form, may be submum of four alternates may be ide onot participate in the contest. | ny one of the above ting held in Louisville on estituted for contestants | |
| Name: | | | | | |
| Gender: | | | | | |
| Birth date: | | | | | |
| HS grad date: (mo/yr): | | | | | |
| Address: | | | | | |
| City/Zip: | | | | | |
| Please list any spec | ial needs for you | r contestants: | | | |

Please be sure to review the **General Rules** for National Livestock Judging, Skillathon and Quiz Bowl, and **Skillathon Contest Rules and Regulations**.

State responsibilities for Team

- The attached Kentucky 4-H Youth Development North American International Livestock Exposition State 4-H Leader Verification Form must be completed and returned with entry. Each 4-H Youth Development Program Leader/Director or their written appointed designee must verify that:
 - ___Kentucky State 4H Leader Verification Form included
- Each state 4-H Youth Development Program Leader/Director or their written appointed designee must verify
 that all participants including youth, coaches, volunteers and chaperones from their University accompanying
 the group have the following items on file with the state:
 - Signed photo-release form
 - o Signed medical form with permission for medical treatment
- Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers on management teams and/or individuals who work for the management team while traveling to and from the NAILE, during the events and other events associated with NAILE. Each State 4-H Youth Development Program Leader/Director or their written appointed designee must verify that:
 - Youth participants, coaches, volunteers, and chaperones have medical/accident insurance coverage from the time of departure from the state until return.
 - Youth participants, coaches, volunteers, and chaperones from their state have liability insurance coverage from the time of departure from their state until return.
- The Kentucky 4H Youth Development Code of Conduct Form must be completed for each participant, chaperone and coach attending. Completed forms must be returned with entry:
 - ____Completed Forms included
- Please include a letter from 4-H Program leader stating who the appointed designee is.

CONTESTANT ELIGIBILITY STATEMENT:

I verify team members have been selected and approved by the State 4-H Extension Service and are eligible under the rules as stated for the contest. State 4-H leaders (or their designee) are responsible for determining eligibility of participants in the National 4-H Skillathon Judging Contest, particularly those who have completed high school prior to the contest. Please review eligibility rules and contestant entries to verify that they are eligible for this event.

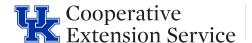
I verify that participants, employees, coaches, and volunteers from my state have a signed medical form with permission for medical treatment, a photo release and code of conduct, medical/accident insurance and liability coverage from the time of departure from my state until return.

| State 4-H Program Leader Signature | Date | State Team/Event Coordinator | Date |
|------------------------------------|------|------------------------------|------|
| Address: | | | |
| Phone and e-mail: | | | |
| Coach name(s): | | | |
| Address: | | | |
| Phone and e-mail: | | | |
| Coach's signature: | | | |

Statement of indemnity

NAILE—If any damage, loss or injury to person or property shall be caused by reason of neglect or willful act of any person, firm, or corporation or their agents, representatives,, servants or employees having license or privilege to exhibit, or occupy any space on the NAILE grounds, the NAILE shall in no manner be responsible therefore, and in case it be subjected to any expense or liability, all persons causing same, or liable therefore, shall indemnify the NAILE.

Acceptance of sponsorship/donation does not imply endorsement by 4-H of any firm, product, or service.



Kentucky 4-H Youth Development

North American International Livestock Exposition State 4-H Leader Verification All Teams

I verify that my university has a risk management plan for programs serving minors that meets, at a minimum, the requirements outlined in the University of Kentucky Client Protection and Risk Management policies found at https://extensionmanual.ca.ukv.edu/client-protection-handbook.

I verify that all paid staff and volunteers from my university who accompany the 4-H delegation and/or are reasonably anticipated to have direct contact or interaction with minor participants have been background checked, screened, and approved by my university, including those who are serving as leaders on any 4-H Management Teams for the overall event. This screening includes a criminal history background check, including screening via the National Sex Offender Registry. The background checks, at a minimum, will satisfy the requirements of Client Protection and Risk Management policies at the University of Kentucky.

I verify that all paid staff and volunteers from my university understand and agree to the provisions set forth by the Kentucky 4-H Program code of conduct.

I verify that the paid staff and volunteers from my university will operate and participate in the 4-H Events at the North American International Livestock Exposition in a reasonably safe manner to include at a minimum:

- Using all appropriate risk management forms related to the operation of the competition and show.
- Understanding and abiding by mandatory reporting requirements related to known or suspected abuse or neglect of minors.
- Properly supervising minors at all times while participating. This supervision includes an appropriate participant-tosupervisor ratio, based on guidelines provided by the University of Kentucky Client Protection and Risk Management policies https://manual.ca.uky.edu/19-risk-management
- Reporting misconduct by paid staff, volunteers, or minor participants to the University of Kentucky, Kentucky 4-H Department.
- Understanding safety and security procedures; response protocols for injury/illness; pick-up/drop-off of minor participants; and security measures for emergencies such as weather alerts, missing persons, accidents, etc. while onsite at the Kentucky State Fairground.

I understand that paid staff and volunteers from my university will be functioning under the operating procedures, practices, and scope of duties with oversight and risks associated with my university.

| Name of State 4-H Leader | |
|-------------------------------|------|
| University | |
| Signature of State 4-H Leader | Date |

Cooperative **Extension Service**

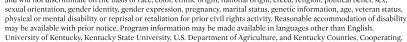
Family and Consumer Sciences

4-H Youth Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex,

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4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaning-ful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS. PROJECTS. PROGRAMS. ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate
 attire. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that
 members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications
 prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco
 products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste
 as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs,
 sex or are in any other way distracting, are prohibited. Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty including, but not limited to, the following:

- Sent home from the activity or event at his/her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property

| l, | , have read the Code of Conduct and agree to abide by its rules. |
|---|--|
| (Print Name) | |
| I understand that infraction of this Code of Conduct will result in any | or all of the penalties listed above. |
| Member/Volunteer | County |
| Parent/Guardian | Date |

Cooperative Extension Service

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Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political behief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Programs information may be made available in languages other notice. Programs information may be made available in languages other neglish. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

