



Team Entry Form
 2023 National 4-H Livestock Skillathon Contest
 North American International Livestock Exposition
Entries close October 15 - No late entries accepted

Entry fee: \$400.00 per team
 Payable to "National Youth Livestock Contests"

PLEASE TYPE!

Entries for the state of: _____ Date: _____

Submission of form: Send to Superintendent Rosie Nold, rosemarie.nold@sdstate.edu, Animal Science Department,
 1097 N. Campus Drive, SDSU, Brookings, SD 57007

Team members: (each team may judge as many as 4 individuals; top 3 scores count to team total)				
Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth date:	_____	_____	_____	_____
HS grad date (mo/yr):	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip:	_____	_____	_____	_____
Student is currently enrolled or has taken related post-secondary courses? Please answer yes or no for each contestant (answer below). If yes, include school name and include transcripts and syllabi for all agriculture related courses.				
_____	_____	_____	_____	_____

School name: _____

ALTERNATES: The following are possible alternates pre-approved as eligible contestants in that they meet the National 4-H Livestock Skillathon eligibility rules in the premium book. They may be substituted for any one of the above contestants by notification of the contest superintendent before the end of the coaches' meeting held in Louisville on Sunday evening prior to the contest. Only alternates identified on this entry form, may be substituted for contestants previously entered in the contest. **NO EXCEPTIONS!** A maximum of four alternates may be identified. Alternates do not lose their eligibility to compete in future contests, if they do not participate in the contest.

Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth date:	_____	_____	_____	_____
HS grad date:	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip:	_____	_____	_____	_____

Please list any special needs for your 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

- 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 all participants including youth, coaches, volunteers and chaperones from their University accompanying the group have a (please check)
 - Signed photo-release form
 - Signed medical form with permission for medical treatment
 - Code of conduct signed by youth and/or parent
- Each State 4-H Youth Development Program Leader/Director or their written appointed designee must verify that (please check)
 - 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 state has a risk management plan and coaches and chaperones are knowledgeable of the plan.
 - All coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by their state.

Please include 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. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my university. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my university.

_____	_____	_____	_____
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.