Team Entry Form

2026 National 4-H Livestock Skillathon Contest

North American International Livestock Exposition

Entries close October 14 , 11:59 pm - Entry fee: $600.00 per team

Late Entries accepted until October 21, 11:59 pm - Entry fee: $1,000 per team

Entries for the state of: _____ Date: _____ **PLEASE TYPE!**

Submission of form: Send to Superintendent Rosie Nold, rosemarie.nold@sdstate.edu, Berg Agricultural Hall 147, Box 2207, SDSU, Brookings, SD 57007

Check one: Check Enclosed ☐ Paid Online ☐ (enclose copy of receipt)

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:				

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: (mo/yr):				
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

- 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
  - 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.