

Team Entry Form

2024 National 4-H Livestock Judging Contest
North American International Livestock Exposition



Entries Close October 15 no late entries or incomplete packets will be accepted.

ENTRY FEE: \$400.00 per team paid by check to: National Youth Livestock Contest or visit <https://youthlivestockcontests.org/> to pay online.

(INFORMATION MUST BE TYPED)

Entries for the State of _____ Date: _____

All Forms must be sent to Vice - Chair, Bonnie Boyden, 9501 Crain Hwy, Box 1, Bel Alton, MD 20611 or emailed to: bboyden@umd.edu no later than October 15. Entry forms with complete signatures and contact information.

Team Members: (each team may judge up to 4 individuals; top 3 scores count to team total)

Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
HS Grad Date*	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip	_____	_____	_____	_____

***REQUIRED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION.**

Refer to the 2024 Rules for eligibility and signatures required for entry form.

***List name of the high school & college contestant is attending in 2024.**

_____	_____	_____	_____
-------	-------	-------	-------

ALTERNATES: Alternates pre-approved as eligible contestants that meet the 2024 contest rules. They may be substituted for any one of the contestants by notification of the contest superintendent before the end of the Coaches' Meeting held in Louisville on Monday, November 18. 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 judge.

Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
HS Grad Date*	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip:	_____	_____	_____	_____

***List name of the high school & college contestant is attending in 2024.**

_____	_____	_____	_____
-------	-------	-------	-------

***REQUIRED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION**

Please list any special needs for your contestants:

--

State Responsibilities for Team – PLEASE CHECK THE BOX THAT YOU HAVE THAT INFORMATION.

- Each state is **responsible for medical/accident insurance** for all members of their team, employees, volunteers 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 Leader or their written appointed designee must verify that all participants including youth, coaches, volunteers and chaperone's from their university accompanying the group have a **(please check)**
____ Signed photo-release form for each participant
____ Signed state medical form with permission for medical treatment for each participant
____ Code of conduct signed by youth and/or parent for each participant
- Each State 4-H Youth Development Program Leader/Director or their written appointed designee must verify that **(please check)**
____ Youth participants, coaches, volunteers, and chaperone's have medical/accident insurance coverage from the time of departure from the state until return.
____ Youth participants, employees, volunteers, and chaperone's 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 chaperone's are knowledgeable of the plan.
- ____ All coaches and chaperone's accompanying the group have been background checked, screened and accepted as a volunteer by their state.

CONTESTANT ELIGIBILITY STATEMENT:

*Please review eligibility 2024 rules and contestant entries to verify that they are eligible for this event. Review all information in this application. The team members will be selected in a manner determined by the State 4-H Program Leader. The contestants **must be certified by the State 4-H Program Leader** or their written appointed designee **signature** on entry form and received by the National Youth Livestock Contest Vice - Chair by October 15.*

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 Email:

*Coaches Name:

*Address:

*Phone and Email:

*Coaches Signature:

***REQUIRED INFORMATION - must have all signatures and complete information.**

Statement of liability

Employees, volunteers on state teams and/or individuals who work for the state program will be functioning under their own state 4-H operating procedures, practices and scope of duties with oversight and risks associated with their own state.

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 person causing same, or liable therefore, shall indemnify the NAILE.