

Team Entry Form
2025 National 4-H Livestock Judging Contest
North American International Livestock Exposition



Complete packets with all Required Forms with signatures must be sent to Vice - Chair, Bonnie Boyden, 9501 Crain Hwy, Bel Alton, MD 20611 or emailed to: bboyden@umd.edu no later than October 15.

An entry fee of \$600.00 must be paid either by check with forms and mailed to Bonnie Boyden or online at the **National Youth Livestock Contests** youthlivestockcontests.org Entries will be accepted until 11:59 pm on October 15. Late registration at \$1000/team will be accepted up to one week (October 22, 11:59 p.m.)

(INFORMATION MUST BE TYPED).

Entries for the State of _____ Date: _____

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

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HS Grad Date*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Refer to the 2025 Rules for eligibility and signatures required for entry form.

***List name of the high school & college contestant is attending in 2025.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ALTERNATES: Alternates pre-approved as eligible contestants that meet the 2025 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 17. 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HS Grad Date*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***List name of the high school & college contestant is attending in 2025.**

***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 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 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 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 chaperone's accompanying the group have been background checked, screened and accepted as a volunteer by their state.

_____ Kentucky 4-H Youth Development North American International Livestock Exposition State 4-H Leader Verification Form must be completed and returned with entry.

_____ The Kentucky 4H Youth Development Code of Conduct Form must be completed for each participant, chaperone and coach attending.

CONTESTANT ELIGIBILITY STATEMENT:

*Please review eligibility 2025 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.*