

## Cooperative Extension Program

4-H Youth Development

Langston University, P.O. Box 1730, Langston, OK 73050

Phone: (405) 466-3836

Fax: (405) 466-6177

Greetings Goat Field Day Participants:

This letter is to invite you to bring your youth (ages 5-13) to enjoy a full day of Fun, Food & Excitement during Goat Field Day, **Saturday, April 28, 2012**. This is the 11<sup>th</sup> year that the Cooperative Extension Program has hosted a "Fun Tent" filled with activities to keep your youth engaged while you enjoy your workshops and seminars. This year we are offering some new activities for the youth to enjoy.

***New Activities*** include: Cool Science (ages 9 & up); Geo Boards (9 & up); Leather Craft (9 & up); Environmental Exploration (9 & up), and Kite Aerial Photography. We will still have a ½-day GPS scavenger hunt on campus, (weather permitting), for older youth as well. Youth will learn the basics of GPS and will use a GPS unit to find "hidden" objects.

Youth ages 5 to 8 will enjoy a host of activities throughout the day including some of our favorites: Pony Rides; Kid Petting Area; Face Painting; Exercise; Photo Greeting Cards; a Movie Room and much more.

***Due to increasing numbers of youth participants, we strongly encourage an adult or older sibling to accompany younger youth.***

Included in this letter is the youth registration form, Waiver of Liability form, and Participant Stamp card. Complete one form per child (make as many copies as needed) and return with your Goat Field Day Registration. Lunch will be provided onsite for youth participants. We are excited to have the opportunity to make a positive investment in the lives of our youth.

If you have any questions or concerns, please contact Sheila Stevenson @ 405-466-6118 or Dr. Terry Gipson @ 405-466-6126.

Sincerely,



Sheila Stevenson  
Extension Specialist II  
4-H Youth Development  
Cooperative Extension Service  
Langston University

# Youth Registration

**Langston University  
School of Agriculture and Applied Sciences  
Goat Field Day 2012**

**Please Print**

Youth Name: \_\_\_\_\_  
Last MI First

Age as of April 28, 2012: \_\_\_\_\_ Grade as of Jan. 2012: \_\_\_\_\_ Male or Female (circle one)

Youth Address: \_\_\_\_\_  
Street/POB/RR Apt# City State Zip

Home phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name and Phone to contact of Parent or Guardian during Field Day Activities:

Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Optional Information**

Member of 4-H:  Yes  No

Member of FFA:  Yes  No

4-H Club and County: \_\_\_\_\_

FFA Chapter: \_\_\_\_\_

**Please fill out the attached Goat Field Day Youth Registration forms to complete your packet.**

# Goat Field Day 4-H Fun Tent 2012 Youth Registration

## Waiver and Release of Liability

(Minors must have signature of Parents/Legal Guardian)

### PLEASE TYPE OR PRINT

Name of participant: \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Gender ( ) M ( ) F  
(Month) (Day) (Year)

Address: \_\_\_\_\_  
Street City/Town State Zip

Emergency & Event Pickup contact:

Name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

If you have any serious health issues/problems or food allergies that we should be aware of, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **WAIVER, RELEASE AND INDEMNITY AGREEMENT**

In consideration of receiving permission for \_\_\_\_\_ to participate in the Cooperative Extension Program "Goat Field Day – 4-H Fun Tent" and any other Goat Field Day sponsored activity, event, contest or meeting, the undersigned hereby releases and forever discharges the Cooperative Extension Program at Langston University and Board of Regents for the Oklahoma State University and Agricultural and Mechanical Colleges, their heirs, executors, or corporations liable or who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all wrongful death caused by negligence, injuries, known and unknown, both to person and property, which have resulted or may in the future develop from an accident which occurred while attending this event.

I acknowledge that I have read the foregoing and have been fully and completely advised of the potential dangers incidental to engaging or receiving instruction in the activity described here in above and am fully aware of the legal consequences of signing this form.

\_\_\_\_\_  
Parent or Legal Guardian (Sign name here)

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Undersigned (**Print name here**)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address (if different from Minor)

\_\_\_\_\_  
E-Mail address

\_\_\_\_\_  
Date

Sheila Stevenson, Coordinator  
\_\_\_\_\_  
Cooperative Extension Representative

Name: \_\_\_\_\_

(Nickname): \_\_\_\_\_ Age: \_\_\_ Gender: M or F

Allergies: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone with Area Code: \_\_\_\_\_

Session #s \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Age Group Names--(Please circle one)**

3 to 5 year olds—(Cubs)                      6-8 year olds—(Explorers)

9-11 year olds—(Trackers)                12 and up—(Lions)

**Youth will receive a stamp for each activity they complete.**


Name: \_\_\_\_\_

(Nickname): \_\_\_\_\_ Age: \_\_\_ Gender: M or F

Allergies: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone with Area Code: \_\_\_\_\_

Session #s \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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