

Cooperative Extension Program
4-H Youth Development
Langston University, P.O. Box 1260, Langston, OK 73050

Phone: (405) 466-3836

Fax: (405) 466-3138

Greetings Goat Field Day Participants:

This letter is to invite you to bring your youth (ages 5-12) to enjoy a full day of Fun, Food & Excitement during Goat Field Day, Saturday, April 24, 2010. Due to increasing numbers of youth participants, we strongly encourage an adult or older sibling to accompany younger youth. The Cooperative Extension Program will be hosting a "Fun Tent" filled with activities to keep your youth engaged while you enjoy your workshops and seminars. Highlights of the day will include: Goat Education (petting area, puppets, etc.), face painting, pony rides, PYOP (pot your own plant), and many other activities. We will also organize a 1/2-day GPS scavenger hunt on campus. Youth will learn the basics of GPS and will use a GPS unit to find "hidden" objects.

Included in this letter is the youth registration form. Complete one form per child (make as many copies as needed) and return with your Goat Field Day Registration. Additional forms may be needed during your on-site check in. Photo ID badges will be used this year to provide us with necessary info in case of an emergency (see attached and copy as needed). 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 2010**

Please Print

Youth Name: _____
Last MI First

Age as of April 25, 2010: _____ Grade as of Jan. 2010: _____ 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 2010 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

Photo ID badges will be used this year for all youth participants to provide us with necessary info in case of an emergency. A sample template is provided below. Please send a current photo (to fit the box below) or email a digital photo (tgipson@luresext.edu), so that it can be attached to your child's badge prior to Goat Field Day.

Front

Back

<p>Goat Field Day 2010 Youth Participant</p> <p>Speech Contest (A.M.) & Fitting and Showing (P.M.)</p> <p>Youth Name: Curly Doe</p> <p>Age: 7</p>	<p>Attach a CURRENT Photo Here</p>
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<p>Youth Emergency Contact Info:</p>		
<p>Health Issues/Allergies: <u>asthma</u></p> <p>_____</p> <p>_____</p>		
<p>Participating Parent(s) or Guardian(s):</p>		
<u>Name</u>	<u>Cell</u>	<u>Workshop#</u>
Jill Doe	(111)111-1111	2, 5, 8
Bill Doe	(111)111-1212	1, 3, 11

Please fill out the following information to be placed on your child's photo ID card:

Front:

Child's Name: _____ Age: _____

First

Last

Activities that your child will participate in during Goat Field Day 2010: Check the appropriate boxes

<input type="checkbox"/> Fun Tent (All Day)
<input type="checkbox"/> GPS Scavenger Hunt (½ Day Only)

Back:

Health Issues or Allergies: _____

Parent or Guardian Name, Cell Phone #, and Workshop #s:

<u>Name</u>	<u>Cell Phone</u>	<u>Workshop #s</u>
_____	() _____	_____/_____/_____/_____
_____	() _____	_____/_____/_____/_____