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 25, 2015**. This is the 13th 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. **Please Note:** If your youth will be signing up for the ½-day Fitting & Showing session, please check the box on the Youth Registration. We will need to know how many youth will be leaving the Fun Tent to attend that afternoon workshop.

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 me at 405-466-6126 or tgipson@langston.edu.

Sincerely,

Terry A. Gipson, Ph.D.
Goat Extension Leader
Cooperative Extension Service
Langston University
Youth Registration

Langston University
School of Agriculture and Applied Sciences
Goat Field Day 2015

Please Print

Youth Name: ___________________________________________ Last     MI     First

Age as of April 25, 2015: _______ Grade as of Jan. 2015: _______ 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: (___)________

☐ will be attending the ½-day Fitting & Showing session (afternoon)

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
2015 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

The Cooperative Extension Program at Langston University provides educational programs to individuals regardless of race, color, national origin, sex, age, religion, disability, or status as a veteran. Issued in furtherance of Extension Work Act of September 29, 1977, in cooperation with the U.S. Department of Agriculture.
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