



**National 4-H Forestry Invitational  
Registration Packet**  
Present Upon Registration/Check-in  
Completed by each participant and adult coach/chaperone

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET

PHONE \_\_\_\_\_

CITY

STATE

ZIP

(AREA CODE)

**MEDICAL AUTHORIZATION FORM**

It is important to have certain medical information in the event of an emergency it may be taken care of as adequately as possible. Please fill in the blanks below and submit any additional information you feel is pertinent.

1. Date of last physical exam \_\_\_\_\_
2. Drug allergies \_\_\_\_\_
3. Last tetanus immunization \_\_\_\_\_
4. Do you have:  
Heart disease \_\_\_\_ Diabetes \_\_\_\_ Asthma \_\_\_\_ Epilepsy \_\_\_\_ Rheumatic fever \_\_\_\_
5. Current Medications you are taking? \_\_\_\_\_
6. Are there any physical restrictions? \_\_\_\_\_
7. Other conditions? \_\_\_\_\_  
\_\_\_\_\_

Phone number where Parent or Guardian may be reached \_\_\_\_\_

Name of hometown family physician \_\_\_\_\_

Phone number of family physician \_\_\_\_\_

\_\_\_\_\_  
4-H Youth, Leader, and/or Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Parents:** I understand that should a health problem arise, I will be notified. But, if I cannot be reached by telephone such medical treatment, including surgery, as deemed necessary by competent medical personnel, will be rendered.

Dates of Event (including state team's travel) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

## EVENT AND ACTIVITY CONDUCT ACCEPTANCE FORM

The above 4-H event is planned, conducted and supervised by the Cooperative Extension Service. All 4-H participants, leaders, and volunteers are responsible for their conduct to Extension personnel supervising the activity or event. Specific guidelines for conduct include:

1. All shall be in their rooms and quiet at the time determined by Extension personnel and leaders.
2. Males are not to go into female's rooms and females are not to go into male's rooms at any time.
3. All shall participate fully in all programs outlined for the activity or event unless clearly stated as optional in the official schedule.
4. All shall show respect for the property and facilities used during the event or activity and assume financial responsibility for any damages caused.
5. Conduct at all times shall be appropriate to the standards and image of the 4-H program.
6. No one shall use or possess alcohol or illegal non-prescription drugs during this activity. Smoking is not permitted on Jackson's Mill property.

We understand and accept the responsibility for following the above guidelines and acknowledge that failure to do so may result in a 4-H'er being sent home from the activity or event at their own expense and/or be made ineligible to participate in future national 4-H events or activities.

\_\_\_\_\_  
4-H Participant, Leader, or Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Signature

Note: Failure to attain the two signatures above shall be sufficient reason to disqualify a 4-H youth member from participating in this event.

### For 4-H youth participants only

Address where parent or \_\_\_\_\_

guardian may be reached \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

## PHOTO RELEASE

### 4-H Participant:

\_\_\_\_\_ I will allow photographs to be taken of my son/daughter that have the potential to be used by the 4-H Forestry Invitational Committee for exhibits, published in local newspapers, and Extension publications, or published on the National 4-H Invitational Website or in other digital media.

\_\_\_\_\_ I will not allow photographs of my son/daughter to be taken for use by the National 4-H Forestry Invitational Committee.

**4-H Participant's Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 4-H Leader / Volunteer:

\_\_\_\_\_ I will allow photographs to be taken of me that have the potential to be used in Penn State Cooperative Extension 4-H exhibits, published in local newspapers and in Extension publications, or published on the National 4-H Invitational Website or in other digital media.

\_\_\_\_\_ I will not allow photographs of me to be taken for use by the National 4-H Forestry Invitational Committee.

**Leader/Volunteer's Name:** \_\_\_\_\_

**Leader/Volunteer's Signature:** \_\_\_\_\_

**Date:**