



Cowley County FFA Fair Participation Form

Family Information

Family Last Name *(for correspondence purposes)* _____

Family Primary Email _____

Family Mailing Address _____ City _____

State _____ Zip _____ Primary Cell Phone _____

Is this youth part of an active chapter? ___ Yes ___ No

If yes, what chapter _____ *Years in FFA?* _____

Youth Information

First and Last Name _____

Date of Birth ____ / ____ / ____ Gender _____

Youth Email _____ Youth Cell Phone _____

Parent/Guardian Information

First and Last Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Email _____

First and Last Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Email _____

Second Household *(if applicable)*

First and Last Name _____ Relationship _____

Phone _____ Mailing Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contacts *(in the case a parent/guardian cannot be reached)*

First and Last Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Email _____

First and Last Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Email _____

Youth Demographics

Race *(check all that apply)*

Asian White American Indian or Alaskan Native Black or African American
 Native Hawaiian or Pacific Islander

Ethnicity *(check one)*

Hispanic Non-Hispanic

Residence Type *(check one)*

Farm Town under 10K or Rural Non-Farm Town, City or Suburbs 10K – 50K
 City or Suburb More than 50K City – Central, More than 50K

Military Service of Family *(check all that apply, leave blank if not applicable)*

Youth has a: Parent Sibling

Currently Serving Served in the Past Retired from Military

Branch of Service

Air Force Army Coast Guard DOD Civilian Marines
 Navy Space Force

Branch Component

Active Duty National Guard Reserves

Youth School Information

School County _____ School District _____

School Name _____ Youth School Grade _____

School Type Charter Home School Magnet Public Private
 Special Vocational

Health Form

Reporting medical history is voluntary, will not prevent a person from attending events and will be kept confidential.

Allergies

Do any environmental allergies cause serious or life-threatening reactions? (Insect stings, poison ivy/oak, etc.) If so, please explain.

Do any food allergies or health conditions require special dietary needs? If so, please explain.

Authorized Medications

Please indicate if the following over-the-counter medications may be provided to the participant to self-administer without contacting you.

Acetaminophen (Tylenol) Antacid Polysporin (topical antibiotics)
 Antihistamine (Benadryl) Decongestant Dramamine
 Hydrocortisone Ibuprofen (Motrin)

Is the participant taking any medications for which special arrangements are needed for them to be self-administered? If yes, please explain.

Care

Name of Family Doctor _____ Doctor's Phone _____

Conditions

Do any health conditions require activity restrictions for the participant? If yes, please explain.

Devices

Does the participant utilize any medical care devices? (EPI pen, insulin pump, rescue inhaler, etc.) If yes, please explain.

Does the participant use any accessible devices during educational programming? (Crutches, hearing aid, prosthesis, screen reader, wheel chair, etc.) If yes, please explain.

Vaccinations

Last Tetanus shot completed _____

Health Insurance

If the participant has medical insurance, please provide the following information in case of emergency.

Health Insurance Company _____

Policy Number _____ Group Number _____

Name of Insured _____ Relationship to Insured _____

Accommodations Acknowledgement

K-State Research and Extension and Kansas 4-H strive to make its programs and events accessible to all Kansans who are otherwise eligible to participate in the activities. This applies to local and state events/programs. Reasonable accommodations are often possible for persons with disabilities who wish to participate, so long as granting the accommodations does not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of the participant or others.

K-State Research and Extension and Department of 4-H Youth Development will work with the participant to identify a reasonable accommodation which provides access to the desired program. Please note that the accommodation may not be the one proposed by the participant.

K-State Research and Extension recognizes that accommodations may be requested orally and in person, up to the date of the event. In collaboration with your local Extension professional, it is essential for an **Accommodation Request Form** at https://kstate.qualtrics.com/jfe/form/SV_6ysgNQjck9pzg7r to be completed to launch a formal accommodations process.

Because it can take time to plan for some accommodations, KSRE requests that the form be submitted no later than two weeks prior to the event or activity. Submitting a request for accommodation on shorter notice may reduce or limit our ability to implement the accommodations.

Upon receipt of the Accommodation Request Form, you will be invited to an in-person, virtual or phone intake process and be asked to complete a Verification of Disability Form. An eligibility team will review the request and determine accommodations. The team may consist of KSRE and K-State Human Capital Services personnel as well as people knowledgeable about the day-to-day activities of the participant. Following the eligibility meeting, persons requesting accommodations will be notified via email of the results.

If the participant requires special accommodations, please visit https://www.ksre.k-state.edu/employee_resources/civil_rights/accommodations.html or visit with your local extension agent to become familiar with the process for requesting and providing accommodations.

Medical Release

The purpose of this form is to help the 4-H program provide participants any assistance needed during participation in this program. This disclosure is voluntary. Any information provided only be shared with the appropriate personnel or volunteers on a need-to-know basis. Based on your answers to previous questions, you may be contacted by program leaders or other personnel to provide more information that will help us evaluate the needs/requests.

Signature Required

I understand.

Youth Signature _____

Parent/Guardian Signature _____

Kansas 4-H Code of Conduct

The 4-H Code of Conduct is intended to foster a safe environment that encourages optimal learning and growth. The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – **youth, families, volunteers, and Extension staff** – who participate in or attend any activity or event sponsored by Kansas State Extension 4-H Youth Development Program are expected to uphold the values of the Kansas 4-H program and conduct themselves according to the following standards listed below. These standards also apply to online 4-H activity, including social media and internet presence. Whether online or in person, this Code of Conduct is to guide participants to think critically, behave safely, and participate responsibly in our shared world. The following Kansas 4-H Code of Conduct is a condition of participation in any Kansas 4-H activity or program. **When I participate in 4-H programs, I agree to:**

1. Be present, attentive and engaged in the 4-H activities. Practice good sportsmanship, be helpful to others, uphold ethical practices in 4-H projects and events, and never cheat or falsely represent efforts related to 4-H project activities.
2. Know and follow federal, state, and local laws that apply to minors (e.g., no use of alcohol, illicit (non-prescribed) drugs, and tobacco in any form) even when I am 18 or 19 years old and still a program participant.
3. Use language and actions that do not substantially interfere with others' participation in the program. (Swearing, harassment, and bullying are not allowed). You are personally responsible for any damage you cause as a result of your behavior, including the cost of any physical injury or property damage you cause in the course of your participation in any program or event.
4. Know and follow safety policies and procedures of Kansas State University, Kansas State Research and Extension (KSRE), and guidelines of the 4-H Youth Development Program, as applicable to this program. (Such as: not leaving the program area without permission from the program supervisor; be in assigned lodging and program areas during activities; abide by curfew hours; and, any other additional safety policies established by a specific event or program.)
5. Obey all rules and directives that apply to the 4-H activity where I am involved.
6. Use mobile electronic devices during a scheduled 4-H activity only in a manner that is consistent with the approved activity and not disruptive.
7. Apply these conduct standards to online 4-H activity, including social media and internet presence.

Signature Required

I acknowledge and agree that:

- I have read and agree to abide by the Kansas 4-H Participant Code of Conduct. I agree to comply with the policies, rules, and regulations of the Kansas 4-H Youth Development Program.
- I am bound by Kansas State University's standards of appropriate conduct found in applicable University policies, including but not limited to the non-discrimination policy (PPM 3030), and the Threat Management Policy (PPM 3015).
- Failure to abide by this participation agreement may result in restrictions on my participation during a current or future 4-H event.
- I am responsible for any costs associated with my dismissal or removal from any program event or activity, or any physical injury or property damage I cause during the course of any program or event.
- I have received, read, understand, and accept the terms and conditions related to participation in the 4-H Youth Development program as stated above. I understand me or my minor child's failure to comply with the requirements of participation may result in dismissal or removal from the program, at my own expense.

- I consent to me or my minor child's participation in all activities during program events, including but not limited to riding in vehicles operated by releasees (defined below) to and from events during the event, as and if applicable.
- In consideration for me or my minor child's participation in KSRE programs, including but not limited to 4-H Youth Development, I WAIVE, RELEASE, AND DISCHARGE for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas 4-H Youth Development, K-State Research and Extension, Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to me or my minor child's participation in Kansas 4-H Youth Development.
- I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat me or my minor child for illness or injury suffered during the event. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume responsibility for all medical expenses and recognize that no medical insurance is being provided by or through the releasees.
- I grant permission for the releasees to store the medication supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer during the event. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.
- Misrepresentation of the individuals providing signatures (electronic or in-person) or falsification of provided personal information will result in termination of program participation.

Signature Required

I agree.

Youth Signature _____

Parent/Guardian Signature _____

Publicity Release

I waive any rights to and consent to the recording and use of my or my child’s image and likeness by releasees during my participation in activities, meetings and organized events related to the Kansas 4-H Youth Development Program. I understand and voluntarily authorize the releasees to: (1) record my or my child’s participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to as “Photographs”); (2) use and/or publish my or my child’s name, likeness, voice, biographical material, and/or other facts or opinions (collectively, “Likeness”) in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing or promotional purposes.

I understand and consent that my or my child’s Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and

Publicity Release continued

all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

____ I Agree. ____ I Do Not Agree.

Youth Signature _____

Parent/Guardian Signature _____

Youth Evaluation Release

1. I give permission for my child to complete evaluations that will be used to determine program effectiveness or to promote the program.
2. I understand that participation in program evaluations is voluntary and that my child may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.
3. I understand that my child may be asked for consent before completing an evaluation.

I am willing to, or give permission for my child to participate in any program evaluation.

____ I Agree. ____ I Do Not Agree.

Youth Signature _____

Parent/Guardian Signature _____

Advisor Signature _____ Date _____