

McCreary County 4-H Project Week

May 30th – June 2nd 2017

***** Registration Deadline May 19th 2017 *****

McCreary County Extension Service
PO Box 278
Whitley City, KY 42653
Phone: 376-2524
Fax: 376-2524

Name: _____

Address: _____

Age as of January 1, 2017 _____ Sex _____ Race* _____ Birth Date _____ School Grade _____

* Necessary to comply with affirmative action-Civil Rights Standard*

Will your child require medicine to be taken during the program? Yes _____ No _____

If you answered yes, you will need to come by and give it to them at the appointed time. We are not authorized to give medicine.

Check any condition your child has that we should know about:

Heart Condition _____ Seizures _____ Diabetes _____

Allergies _____ If yes, what _____ Other _____

Child Pick-up:

You are expected to sign your child **in** and **out** each day in the Extension Office. If you are unable to pick your child up, we need you to provide us a list of individuals that can pick your child up. Please inform everyone approved by you on this release, that they must have on their person a current drivers license or photo ID before we can release custody of your child to them. If the participant's parents are separated or divorced, unless we are provided with a copy of the court order to the contrary, either biological or adoptive parents have access to the participant. If divorced, which parent has custody: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

Publicity:

I grant _____ do not grant _____ the Kentucky 4-H Program and the University of Kentucky and the 4-H Cooperative Extension Service full and free use of photography/video containing my image/likeness. I understand these images may be used in the 4-H program and website for educational and promotional purpose.

I hereby release, discharge, and hold harmless the University and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age or possess full legal capacity to execute the foregoing authorization and release.

Behavior: Any child that misbehaves and/or is disrespectful to instructors or other participants can be sent home immediately with no refund and will not return to the program.

Children must be picked up following their last class!!

SIGNED: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail _____

Other People and Phone Numbers we may contact in case of an emergency

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



Disabilities accommodated with prior notification.

Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, sex, religion, disability or national origin.