A Day in the Ring Livestock Show

PARTICIPANT REGISTRATION

Return to: Texas A&M AgriLife Extension Office

701 S. Interstate 35E, Waxahachie – Fax: 972.825.5184 – email: megan.parr@ag.tamu.edu

Forms are due by February 28th, 2018

Event will be held on Thursday, March 29th, check-in begins at 9:15, show begins at 10:00am. Lunch will be served to all participants

Participant Information:

First Name_____Last Name_____M.I._____

Mailing Address_____City_____ZIP_____

Sex: M / F Birth date_____ Age_____Grade_____School_____

Doctor_____Phone (_____)_____

Primary Phone_____Primary Email _____

Dad's Last Name_____ Dad's First Name _____

Mom's Last Name_____Mom's First Name _____

Emergency Contact_____Phone ( )_____Relationship _____

A parent/guardian must be present during the duration of the A Day in the Ring Livestock Show.

Special Needs Information:

Nature of Disability: _____

Does participant use a walker, wheelchair or crutches? Yes No If YES, which one: _____

Seizures: Y / N Diabetes: Y / N Allergies:_____

T-shirt Size (circle 1):

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult 3XL

Release and Consent for Medical Treatment:

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Ellis County 4-H and Texas A&M AgriLife Extension Service. Recognizing the possibility of physical injury associated with livestock and in consideration for the Ellis County 4-H and Texas A&M AgriLife Extension Service accepting the registrant for its livestock show and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Ellis County 4-H and Texas A&M AgriLife Extension Service, its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of the livestock utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

Name (print)_____Signature_____Date_____

Release and Consent to Photography and Videography: (This section MUST be completed!)

I, the parent/guardian of the registrant, hereby give my consent for photography/videography and the use of said photographs to be displayed on website, Facebook, or other means of advertisement expressly for the enrichment of the A Day in the Ring Livestock Show. Yes___No____Signature_____ Date_____

TEXAS A&M AGRILIFE EXTENSION

Office Use Only

Participant Number: _____

Livestock: Sheep Goat Swine Rabbit

Volunteer:_____

Volunteer:_____