



Team Entry Form
 2016 National 4-H Livestock Skillathon Contest
 North American International Livestock Exposition
Entries Close October 1st ENTRY FEE: \$100.00 per team

(INFORMATION MUST BE TYPED)

Entries for the State of _____ Date: _____

- Submission of Form:
1. Original to NAILE with entry fee of \$100.00
 2. Copy to Contest Superintendent – Rosie Nold – rosemarie.nold@sdstate.edu
 3. Copy to Team Coach

_____ Visa	_____ Mastercard	Card No: _____
Card Holder Name: _____		
Phone: _____		Expiration Date: _____

Team Members: (each team may judge as many as 4 individuals; top 3 scores count to team total)			
Name:	_____	_____	_____
Gender:	_____	_____	_____
Birth Date:	_____	_____	_____
HS Grad Date (mo/year)	_____	_____	_____
Address:	_____	_____	_____
City/Zip:	_____	_____	_____
Student is currently or has taken post-secondary courses? What school? Please include a copy of all Animal Science class descriptions/syllabus they have completed.			

ALTERNATES: The following are possible alternates pre-approved as eligible contestants in that they meet the rules in the premium book. They may be substituted for any one of the above contestants by notification of the contest superintendent before the end of the Coaches' Meeting held in Louisville on Sunday, November 15 th . <u>Only alternates identified on this entry form, which must be filed with the North American International Livestock Exposition (Postmarked October 1st) may be substituted for contestants previously entered in the contest.</u> NO EXCEPTIONS! A maximum of four alternates may be identified.			
Alternates <u>do not lose their eligibility</u> to compete in future contests, <u>if they do not judge.</u>			
Name:	_____	_____	_____
Gender:	_____	_____	_____
Birth Date:	_____	_____	_____
HS Grad Date*	_____	_____	_____
Address:	_____	_____	_____
City/Zip:	_____	_____	_____
What school is the contestant attending in the Fall of 2016?			

*Month/Year format			

Please list any special needs for your contestants:

State Responsibilities for Team

- Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers on management teams and/or individuals who work for the management team while traveling to and from the NAILE, during the events and other events associated with NAILE.
- Each state 4-H Youth Development Program Leader/Director and appropriate Extension Specialists must verify that all participants including youth, coaches, volunteers and chaperones from their University accompanying the group have a (please check)
 - ____ Signed photo-release form
 - ____ Signed medical form with permission for medical treatment
 - ____ Code of conduct signed by youth and/or parent
- Each State 4-H Youth Development Program Leader/Director and appropriate Extension Specialists must verify that (please check)
 - ____ Youth participants, coaches, volunteers, and chaperones have medical/accident insurance coverage from the time of departure from the state until return.
 - ____ Youth participants, employees, volunteers, and chaperones from their state have liability insurance coverage from the time of departure from their state until return.
 - ____ The state has a risk management plan and coaches and chaperones are knowledgeable of the plan.
 - ____ All coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by their state.

CONTESTANT ELIGIBILITY STATEMENT:

Team members have been selected and approved by the State 4-H Extension Service and are eligible under the rules as stated in the premium book. State 4-H leaders (or their designee) are responsible for determining eligibility of participants in the National 4-H Skillathon Judging Contest, particularly those who have completed high school prior to the contest. Please review eligibility rules in the NAILE premium book and contestant entries to verify that they are eligible for this event. Review all information in this application.

I verify that participants, employees, coaches, and volunteers from my state have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my university. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my university.

State 4-H Program Leader Signature	Date	State Team/Event Coordinator	Date
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Address:
Phone and Email:
Coaches Name:
Address:
Phone and Email:
Coaches Signature:

Statement of liability

Employees, volunteers on management teams and/or individuals who work for the management team will be functioning under their own state 4-H operating procedures, practices and scope of duties with oversight and risks associated with their own state.

Statement of indemnity

NAILE-If any damage, loss or injury to person or property shall be caused by reason of neglect or willful act of any person, firm, or corporation or their agents, representatives, servants or employees having license or privilege to exhibit, or occupy any space on the NAILE grounds, the NAILE shall in no manner be responsible therefore, and in case it be subjected to any expense or liability, all person causing same, or liable therefore, shall indemnify the NAILE.

Acceptance of sponsorship/donation does not imply endorsement by 4-H of any firm, product, or service.