



SOUTH DAKOTA STATE  
UNIVERSITY EXTENSION



## Participant Registration Form

Beef AI Day Camp | West Region Clover Connect

Return to: **Bennet County 4-H Office, P.O. Box M, Martin, SD 57551**

Make checks payable to: Bennet County Leaders Association

\*Class limited to the first 20 registrants. REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS.

There will be a waiting list if needed. **Forms and payment due February 23, 2026.**

### Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Mom's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Media Release:** I hereby authorize South Dakota State University to photograph me and/or my property, and authorize South Dakota State University, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs or recordings in whole or part, or composite or form made for art, advertising, trade or any lawful purpose. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings. I hereby release, discharge and agree to hold harmless South Dakota State University from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

**Permission to Treat:** I understand that first aid will be available at the event, that the participant will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff will not be held responsible in case of accidental illness or injury. I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission of emergency treatment or surgery as recommended by the attending physician. Insurance is the responsibility of the individual according to the 4-H policies of the County Extension Service. I am familiar with, and I understand the Extension policy regarding health and accident insurance. My signature indicates that I have read this form, including the 4-H Code of Conduct, and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy as determined by the South Dakota 4-H program.

**Furthermore, I give permission for my child to receive emergency medical attention, and to participate in 4-H program activities. Your signature indicates you accept the Media Release and Permission to Treat paragraphs. If you do NOT accept the Media Release or the Permission to Treat paragraphs, draw a big X across the section you do not accept.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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