

**NATIONAL 4-H CONFERENCE REGISTRATION FORM***This form includes the information collected on the National 4-H Conference online registration system.***PARTICIPANT INFORMATION (Required)***List the following information found on your photo identification.*

1. FULL NAME (First, Last)		2. DATE OF BIRTH (Month Day Year)	
3. MAILING ADDRESS		4. Apt, Unit, etc.	
5. CITY	6. STATE	7. ZIP CODE	
8. EMAIL ADDRESS		9. CELL PHONE NUMBER	
10. REGISTRATION TYPE (Select one)			
<input type="checkbox"/> Adult Chaperone <input type="checkbox"/> Collegiate Facilitator <input type="checkbox"/> Collegiate Facilitator Adult Advisor <input type="checkbox"/> Military Connected Adult Chaperone <input type="checkbox"/> Military Connected Youth Participant (Delegate)			
<input type="checkbox"/> USDA-NIFA Staff <input type="checkbox"/> Youth Leadership Team <input type="checkbox"/> Youth Leadership Team Adult Advisor <input type="checkbox"/> Youth Participant (Delegate)			
11. T-SHIRT SIZE			
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL			

DEMOGRAPHIC INFORMATION (Optional)*This information will inform our understanding of diversity and inclusion among the participants of National 4-H Conference.*

12. AGE (on 1 st day of National 4-H Conference) Youth delegates must be 15 to 19 years-old.		13. GRADE LEVEL	
14. ETHNICITY (Select one)		15. RACE (Select one or more)	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share	
		16. GENDER	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share	

LODGING INFORMATION (Required)*This information must be assigned by the Land-grant Institution or Military Service Branch.*

17. CHECK-IN DATE	18. CHECK-OUT DATE
19. NAME OF ROOMMATE	



REASONABLE ACCOMMODATIONS		
20. ACCOMMODATION REQUESTED (be as specific as possible, if accommodation is time sensitive, please explain)		
21. REASON FOR REQUEST		
DIETARY INFORMATION		
22. DIETARY RESTRICTIONS (check all boxes that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Vegan
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
NAME BADGE INFORMATION		
23. List your first name as you would like it to appear on your name badge.		
24. List the Land-grant Institution or Military Service Branch you are representing. <i>Examples: Purdue University, Indiana; Virginia State University, Virginia; Hill Air Force Base, Utah; USAG Brussels Army Base, Belgium</i>		
ACTIVITY PREFERENCES		
25. List your top three choices for challenge question topics. Challenge question topics can be found in the Delegate Handbook. (For Youth Delegates Only)		
1st choice	2nd choice	3rd choice
26. List your delegates top three choices for community service. Community Service choices can be found in the Delegate Handbook. (For Chaperones Only)		
1st choice	2nd choice	3rd choice
27. How many people (adult chaperones and youth delegates) are in your delegation? (For Chaperones Only)		
QUESTION FOR THE U.S. SECRETARY OF AGRICULTURE (Optional)		
28. If you had the chance to ask the U.S. Secretary of Agriculture a question, what would it be?		
PARTICIPANT AFFIRMATION		
<input type="checkbox"/> By checking the box to the left, I understand my behavior affects the entire National 4-H Conference community and that I represent myself, my local and state/territory 4-H Program and the 4-H Youth Development Program. Therefore, I have read, understand, and will abide by the National 4-H Conference Handbook and Code of Conduct.		
<input type="checkbox"/> By checking the box to the left, I consent to the reproduction, and use, royalty-free, of motion picture films, videotapes, recorded sounds, and still photographs of me by the Communications Staff, National Institute of Food and Agriculture, United States Department of Agriculture for all purposes including, but not limited to, education, training, trade, display, editorial, advertising, promotion, art, and exhibits. In giving this consent, I release the United States, its officers, employees, nominees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such reproduction, and use.		
<input type="checkbox"/> By checking the box to the left, I understand that all publications, films, slides, videos, artistic or similar endeavors,		



resulting from my National 4-H Conference experience will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

By checking the box to the left, I consent to receive email, mail, texts, or phone call communications relating to announcements, assignments, logistics, mentoring, or similar matters regarding the National 4-H Conference.

By checking the box to the left, I consent to participate in National 4-H Conference evaluation by a third-party evaluator. Evaluation may include participating in observations, evaluations, and feedback relating to a participation in National 4-H Conference activities (such as survey assessments or formal observations). I consent to share my demographic information (such as age, ethnicity, race, gender identity, Land-grant University, etc.) with the third party National 4-H Conference evaluator.

By checking the box to the left, I consent to be transported while participating in and traveling to and from this event by hired drivers authorized by the organizers of National 4-H Conference.

29. PARTICIPANT NAME (First, Last)	30. PARTICIPANT SIGNATURE	31. DATE
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PARENT/GUARDIAN CONSENT

By checking the box to the left, I affirm that I am the parent/guardian of the above-named participant and consent to their participation in National 4-H Conference. I have read, understand, and agree to follow the National 4-H Conference Handbook and provide consent for the participant affirmation(s) checked above. I understand that providing consent is voluntary and not required. I understand that not providing consent may limit this young person’s ability to participate in National 4-H Conference.

32. PARENT/GUARDIAN NAME

33. EMAIL	34. TELEPHONE NUMBER
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35. PARENT/GUARDIAN SIGNATURE	36. DATE
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NON-DISCRIMINATION STATEMENT

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Public reporting for collection of information is estimated to average 1 hour, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OGF, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address. National Institute of Food and Agriculture US Department of Agriculture OMB No. 0524-NEW



National Institute of Food and Agriculture

U.S. DEPARTMENT OF AGRICULTURE

OMB Number 0524-XXXX

Expiration Date XX/XX/XXXX

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