

Name of Food, Nutrition, Health event you wish to participate: _____
Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____ Female: Male:
Last First (Underline name by which you like to be called) Middle
Mailing address: _____ Participant cell phone: (_____) _____
City: _____ State: _____ ZIP: _____ Home phone: (_____) _____
Age: _____ Birthdate: _____ Home email: _____
Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino
Race (choose all that apply): American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: _____ First parent/guardian email: _____
First parent/guardian phone daytime: _____ Evening: _____ Cell: _____
 Second parent/guardian name: _____ Second parent/guardian email: _____
Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____
Who has primary custody of the participant? _____
Address, if different than child: _____

PARTICIPANT HEALTH AND MEDICAL HISTORY

1. **SPECIAL DIETARY NEEDS**
*INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event. In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:* _____

2. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?
YES NO If YES, please explain: _____

4-H PARTICIPANT MEDIA RELEASE

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I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

Yes No

Parent/Guardian Signature for Participation in Program: _____ Date: _____