



NATIONAL 4-H CONFERENCE REGISTRATION FORM		
<i>This form includes the information collected on the National 4-H Conference online registration system.</i>		
CONTACT INFORMATION		
<i>List the following information found on your photo identification.</i>		
1. FULL NAME (First, Last)	2. DATE OF BIRTH	
3. STATE	4. ZIP CODE	
5. EMAIL ADDRESS	6. CELL PHONE NUMBER	
7. 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 (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)		
8. 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)		
<i>This information will inform our understanding of diversity and inclusion among the participants of National 4-H Conference.</i>		
9. AGE (on 1 st day of National 4-H Conference)	10. GRADE LEVEL	
11. ETHNICITY (Select one)	12. RACE (Select one or more)	13. GENDER
<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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
LODGING INFORMATION		
14. CHECK-IN DATE	15. CHECK-OUT DATE	
16. NAME OF ROOMMATE (assigned by Land-grant College or University or Military Service Branch)		



REASONABLE ACCOMMODATIONS		
17. ACCOMMODATION REQUESTED (be as specific as possible, if accommodation is time sensitive, please explain)		
18. REASON FOR REQUEST		
DIETARY INFORMATION		
19. DIETARY RESTRICTIONS		
<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Nut Free
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
NAME BADGE INFORMATION		
20. FIRST NAME FOR NAME BADGE <i>Please list your first name as you would like it to appear on your name badge.</i>		
21. AFFILIATED LAND-GRANT COLLEGE OR UNIVERSITY OR MILITARY SERVICE BRANCH/INSTALLATION		
ACTIVITY PREFERENCES		
22. List your top three choices for challenge question topics.		
1st choice	2nd choice	3rd choice
23. List your delegates top three choices for community service. (For Chaperones Only)		
1st choice	2nd choice	3rd choice
24. How many people (adult chaperones and youth delegates) are in your delegation? (For Chaperones Only)		
25. Are members of your delegation interested in attending the 4-H Council Congressional Breakfast on Capitol Hill on Wednesday, April 19, at 8 a.m.? (For Chaperones Only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
QUESTION FOR THE U.S. SECRETARY OF AGRICULTURE (Optional)		
26. 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.		



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.

27. PARTICIPANT NAME (First, Last)	28. PARTICIPANT SIGNATURE	29. DATE
------------------------------------	---------------------------	----------

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.

30. PARENT/GUARDIAN NAME

31. EMAIL	32. TELEPHONE NUMBER
-----------	----------------------

33. PARENT/GUARDIAN SIGNATURE	34. DATE
-------------------------------	----------

PRIVACY ACT STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.