

# 2019 Franklin County 4-H Livestock Fun Show Entry Form

Name of Exhibitor: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Participant's Birth Date: \_\_\_\_\_ Age as of Jan. 1, 2019: \_\_\_\_\_

### For Office Use Only:

Date Entry Received: \_\_\_\_\_

- Entry/Liability Form
- 4-H Enrollment Form
- 4-H Medical Form
- Eligible to Show**

### Circle Your Age Category

- Cloverbud 5-8
- Junior 9-13
- Senior 14-18

Division	Breed	Date of Birth	Name	ID # (Reg #, Scrapie #, Tattoo, etc.)
Ex : Goat	Boer	9/17/2011	Gizmo	NC 5010

**This fun show is only showmanship (no breed classes). Exhibitors may show 1 animal in each division.**

In the event of illness, injury or death of an entered animal (prior to the show), reasonable substitution will be allowed provided that the substitution animal has been appropriately worked with and prepared for the show. Please notify the staff during check-in.

**Sheep & Goats** must have a Scrapie tag. Dairy goats may have a legible tattoo and their registration papers instead of a scrapie's tag. Other species must have appropriate permanent identification.

**T-shirts will be provided for each youth participant.** Please circle whether your size is YOUTH or ADULT and note the size on the line.

Youth or Adult: \_\_\_\_\_  
(Size)

**We need youth volunteers to help with the Special Show (lend animal and assist in show ring).** If you would like to assist, please circle which animals you would be willing to share.

**Goat Sheep Cow Chicken Turkey Rabbit**

**Lunch Tickets:**

- Exhibitor (no charge)
- Additional Family & Friends\* (\$10 each - Pay in advance)

# requested: \_\_\_\_\_

*\* If you have multiple children, please ONLY list the number of additional lunches requested on one entry form.*

**I/we have read and understand the Rules and Regulations of the 2019 Franklin County 4-H Livestock Fun Show.**

I certify that the above information is accurate to the best of my knowledge.

Participant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Extension Agent Signature \_\_\_\_\_

Please return entry packet to Martha Mobley, Franklin County Cooperative Extension Livestock Agent, and a check for additional lunches to the Franklin County Cooperative Extension office.

**Entry Deadline: 5 pm Wednesday, April 10, 2019**

Name of Participant: \_\_\_\_\_

**This show will follow 4-H rules regarding age of exhibitors.** No youth under the age of 5 as of January 1 of the current year may participate. Youth ages 5-8 as of January 1 will compete ONLY in non-competitive classes. You do not have to already be a 4-H member to participate. Contact your local 4-H agent for 4-H Enrollment, Code of Conduct and Medical Release Forms or they can be downloaded at [www.nc4H.org](http://www.nc4H.org).

**Liabilities (everyone sign):** Each exhibitor assumes all liabilities in cases of sickness, death or injury to his or her animals. Exhibitors are responsible for the feeding, watering and care of their animals during the show. The management, exhibitors and owners assume no liability for injury from any Cooperative Extension Office in each county shall not be liable for any damages, death, injury, or loss of property incurred by or to any exhibitor. Each exhibitor shall be responsible for any damages, death, injury or loss of property caused by the exhibitor or their animal.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-Owner's Certificate (if you don't own your animal):** This non-owner certificate verifies that a 4-H member and the owner of the animal have entered into an agreement to allow the 4-H member to use the specified animal(s) as a 4-H project.

Name of 4-H Member \_\_\_\_\_

Breed(s) of Animal(s) \_\_\_\_\_

Signature of Owner \_\_\_\_\_

**Livestock Disease – Quality Assurance Form (everyone sign):** In order to address concerns about animal health, food safety, and human safety and because of concerns about disease transmission from other countries, we ask that parents please read the information below and sign.

As parent/guardian of (participant) \_\_\_\_\_, I certify that:

1. No show participant or immediate family member has or will have visited a foreign country for at least 2 weeks prior to the show.
2. To my knowledge, no one has visited our farm or animals in the 2-week period prior to the show who has been to a foot and mouth disease positive country. (Please notify show committee on the day of the show if this status has changed.)
3. We understand that there are animal disease risks involved in bringing animals to shows and particularly in taking show animals back home. We understand that it is recommended to vaccinate animals prior to the show for contagious diseases and to quarantine show animals for at least two weeks, away from other animals on your farm when you return home and to then monitor for diseases before re-entry into your herd/flock.
4. We have not used animal health products or antibiotics illegally on our show animals. Drug (antibiotics and vaccine) withdrawal & withholding times have been observed according to label recommendations on any animals treated for illness or fed antibiotics. No unapproved drugs or health products have been administered.
5. Animals have been fed and handled in a humane manner. None of the animals have been fed animal feed made from meat by-products (including pet food.) Male animals have been castrated correctly. No adulteration of physical defects by artificial means other than traditional washing and fitting has been done.
6. I understand that livestock can be a source of serious human diseases such salmonella, E. coli and other animal borne diseases. I understand the risk associated with my children participating in this livestock project, both from disease and from physical injury. I have gone over disease prevention with my child such as the importance of careful hand washing after handling animals, minimizing exposure to fecal material, protecting wounds, and avoiding contact with food around animal areas, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



N.C. Cooperative Extension is an equal opportunity provider.

Contact [meg\\_wyatt@ncsu.edu](mailto:meg_wyatt@ncsu.edu) or 919-496-3344 for accommodations related to a disability.