

4-H SUPER SATURDAY Registration Form

WSU Extension Office 328 W Poplar St, Walla Walla, WA 99362

\$10.00 FEE must be paid with registration. Registration fee is non-refundable. Late registrations and registrations at the door will only be accepted if classes are not filled. See event program for rules & guidelines.

COMPLETE A REGISTRATION FORM FOR EACH PARTICIPANT

Print clearly and complete both sides

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Is Participant a member of Walla Walla County 4-H? Yes No Birth Date: ___/___/___ Grade: _____

Please check one Ethnic and one or more Race category:

ETHNIC		GENDER		RESIDENCE		RACE	
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Male	<input type="checkbox"/>	Farm	<input type="checkbox"/>	White
<input type="checkbox"/>	Non-Hispanic	<input type="checkbox"/>	Female	<input type="checkbox"/>	Rural (less than 10,000)	<input type="checkbox"/>	Black
				<input type="checkbox"/>	Town (10,000 - 50,000)	<input type="checkbox"/>	American Indian/Alaskan Native
						<input type="checkbox"/>	Asian
						<input type="checkbox"/>	Hawaiian/Pacific Islander

Emergency Contact Information:

Parent/Guardian Name(s): _____

Phone # Home: _____ Work: _____ Cell: _____

Participant Emergency Health Information:

Physician's Name _____ Phone Number _____ Health Insurance _____ Group/Policy Number _____

▪ Do you currently have any physical complaints or illness? Yes No If YES, please explain: _____

▪ Are you under the care of a physician or practitioner of any sort? Yes No If YES, please explain: _____

▪ Are you taking any type of medication? Yes No If YES, please explain and provide dosage: _____

▪ Do you have Diabetes? Yes No If YES, type and dosage of insulin: _____

▪ Do you have Asthma? Yes No If YES, do you carry an inhaler? Yes No

▪ Do you have allergies? Yes No If YES, please list allergies: _____

▪ Do you carry an Epi-pen and or Twinject®? ▪ Last tetanus shot (month and year): _____

I hereby consent and agree that Washington State University, its employees or agents, have the right to take digital images, photographs, or video/film of me or my child, (and/or property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

In the case of an emergency if I, as participant or parent/guardian of participant, cannot be reached or am unable to give permission, I hereby authorize the physician selected by the event leader to hospitalize and secure proper treatment (including surgery and dental) for me or my child. In case of an emergency involving my child, I understand that every effort will be made to contact me.

I have read, understand and consent to the foregoing statements.

Signature Required

Parent of Youth Participant: _____ Date: _____

**** Class registration continued on reverse side ****

4-H SUPER SATURDAY

Registration Deadline: March 19



Event info: Saturday, March 23, 2024, 8:45am - 2:15pm
Blue Mountain Community Church, 928 Sturm Ave, Walla Walla, WA 99362
 \$10 Registration Fee per registrant

PRINT CLEARLY AND COMPLETE BOTH SIDES OF FORM

Participant Name: _____ Grade _____

WRITE IN YOUR CLASS CHOICES using the Class Code (not class name). Include a first choice, second choice and third choice for EACH session. Class sizes are limited and will be filled on a first come, first serve basis. The best effort will be made to give you the classes of your choice. Please use a SEPARATE form for each person registering. See event program for the class descriptions and class codes.

Check-In	8:45 AM – 9:00 AM	Blue Mountain Community Church
Kick-Off	9:00 AM – 9:25 AM	Social Hall
Session A	9:30 AM – 10:25 AM	
Session B	10:30 AM – 11:25 AM	
Lunch	11:30 AM – 12:10 PM	Bring Lunch - or - Pizza Provided
Session C	12:15 PM – 1:10 PM	
Session D	1:15 PM – 2:10 PM	
Program Ends	2:15 PM	Social Hall

SESSION	FIRST CHOICE <i>(use Class Code)</i>	SECOND CHOICE <i>(use Class Code)</i>	THIRD CHOICE <i>(use Class Code)</i>
SESSION A			
SESSION B			
SESSION C			
SESSION D			

Cooking Classes Please note food allergies/intolerances: _____

LUNCH BREAK: 11:30 - 12:10 PM

BRING a brown bag lunch or HAVE A SLICE OF PIZZA AND BOTTLED WATER (included in the registration fee).
 (cheese, pepperoni, and GF cheese provided)

**Return Registration Form & Registration Fee by March 19 to:
 WSU Extension @ 328 W Poplar St, Walla Walla, WA 99362**

Questions:

Phone: 509-524-2685 Email: wallawalla.4h@wsu.edu

Persons with disabilities who require alternative means for communication of program information or reasonable accommodations need to contact the Walla Walla County Extension office prior to the event.

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

Office use only:	Total received: \$ _____	Check # _____	Cash _____
	Date received: _____	Initials: _____	Entered: _____