



JLJC 2019

Jr. Leadership Conference



THIS FORM MUST BE RECEIVED BY: Friday, November 16, 2018

PLEASE SEND TO: St. Charles Parish LSU AgCenter (4-H) Office

Mailing address: P.O. Box 1766, Luling, LA 70070

Physical address: 1313 Paul Maillard Road, Suite E in Luling, La.

NAME: _____

GRADE: _____ **SCHOOL:** _____ **E-MAIL ADDRESS:** _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **BIRTHDATE (M/D/YY):** _____

T-SHIRT SIZE: SMALL MEDIUM LARGE XL 2XL 3XL

SPECIAL NEEDS: _____

WHY SHOULD YOU BE SELECTED TO ATTEND JLC? _____

****Please remember that it is your responsibility to have your child excused from school for this 4-H event.** Since State 4-H Jr. Leadership Conference will be held during the school day, your child will need to complete a "[Request for Excused Absences Travel for Educational Purposes Application Packet](#)" from the school principal and have the principal approve the trip before attending State 4-H Jr. Leadership Conference. (This is for St. Charles Parish Public Schools only.) Please contact Mrs. Kali Zammit at 985-785-4473 for more information regarding the absentee policy for the St. Charles Parish Public School System.

DON'T FORGET TO TURN IN:

- REGISTRATION FORM
- PARTICIPANT AGREEMENT
- PAYMENT \$70.00

Make checks payable to: St. Charles 4-H

- HEALTH FORM PACKET
(Pages 1-5 and 9)

TRACK PREFERENCE:

(Please Rank 1 - 6)

- _____ HEALTHY LIVING
- _____ LEADERSHIP
- _____ OUTDOOR SKILLS
- _____ PERFORMING ARTS
- _____ SERVICE
- _____ SET (Science, Engineering, & Technology)



Cooperative Extension Service

St Charles Parish

1313 Paul Maillard Road, Suite E

Post Office Box 1766

Luling, Louisiana 70070

(985)785-4473

Fax: (985)785-4475

E-mail: stcharles@agcenter.lsu.edu

St. Charles Parish 4-H State Junior Leadership Conference Participation Agreement

My child, _____, has my permission to participate in 4-H Junior Leadership Conference from March 8-10, 2019. It is required that I pay a \$70.00 fee to reserve my child's spot to attend the trip. In the event my child is unable to attend the trip, he/she will forfeit the deposit if he/she is selected to attend. The basic fee for the trip is \$70.00. I understand that my child will be responsible for 1-2 meals while in travel. I understand that the St. Charles 4-H Foundation is covering some of the cost of the trip. I also understand that my child may be traveling in vehicles driven by volunteers and/or LSU AgCenter staff throughout the event. Travel to the event is the responsibility of the parent if volunteers and/or parish staff are unable to provide transportation services.

My child is agreeing to participate in all required educational programs associated with this program. My child accepts and agrees to abide by all rules and regulations as stated in the 4-H Code of Conduct as well as any set forth during the 4-H event. Since this is an overnight event, I am agreeing that I am responsible for providing my child with any and all medical needs and/or medicines. In case of an accident, illness, or emergency, I am responsible for all fees. If for some reason the child needs to return home for medical or behavioral reasons, as stated in the code of conduct, travel home will be at the parent's expense.

By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

Signature of 4-H Member

Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

Signature of Parent/Guardian

Date

For the latest
research-based information
on just about anything,
visit our website:
www.LSUAgCenter.com