2019 Cooperative Enterprise Teen Leadership Conference Application

DUE: January 25, 2019

Participant: **(Type or print in ink)**

First Name: _____ **Last Name:** _____

Age: _____ **Grade:** _____ **Check One:** _____ **Female** _____ **Male**

T-shirt Size: ___S ___M ___L ___XL ___ XXL **Talent Show _____Yes** (Must bring items needed for talent)

Home Telephone or Cell Phone (____) _____ **Parish:**_____

Mailing Address: _____ City_____Zip_____

Parent or Guardian Information:

Name: _____**Relation:** _____

Phone: *Day* (___) _____*Evening* (___) _____*Cell*(___)_____

I agree to follow instructions of my chaperones and to participate in all scheduled activities during the Co-op Conference.

_____ _____

Signature of Participant *Signature of Parent/Guardian*

RECOMMENDATION BY ORGANIZATION'S REPRESENTATIVE

By signing below, I acknowledge that the applicant is of high moral character and demonstrates qualities of honesty, integrity and leadership. I recommend that this applicant be considered for selection to attend the Youth Conference on Cooperatives.

_____

Signature of Parish 4-H Agent

Payment Concern: If you have a concern paying for your child to attend this event, you may choose to discuss your situation with the 4-H Agent

(Please check if this applies):

____ I would like to discuss a payment plan with you. Please call me at (_____) _____

Completed application, participant health form and the $30.00 registration fee must be received no later than January 25, 2019.

Make check or money order payable to: *St. Charles Parish 4-H*

Mail to: St. Charles 4-H
Attn: Kali Zammit
P.O. 1766
Luling, LA 70070

LSU AgCenter
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Cooperative Enterprise Teen Leadership Conference

"Own it!"

Who: 8th- 12th Graders

What: Sharpen your leadership, marketing, money & management skills as you compete with your team to build and manage your own cooperative business!

Educational Award Trip & Cash Prizes will be presented to top business leaders!

When: March 29th- 31st

Where: Grant Walker Educational Center
3000 Highway 8 Pollock, LA 71467

How: Registration fee is $50 (Checks should be made payable to LCFC.) Contact your 4-H Agent to register by February 8, 2019.

Spaces are limited.

Should you need an ADA accommodation, please contact your 4-H Agent no later than January 8, 2019. The LSU AgCenter and LSU provide equal opportunities in programs and employment.

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 Co-op Camp
Participation Agreement

My child, _____, has my permission to participate in 4-H State Co-op Camp from March 29, 2019 through March 31, 2019. It is required that I pay a $30.00 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 $30.00. I understand that my child will be responsible for 1-2 meals while in travel not covered by the basic fee. I understand that the St. Charles Parish 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 for this particular 4-H event. I understand that adults will not be able to stay with their child on the facility while at this event. (Contact the 4-H Office if you have questions regarding transportation.)

My child is agreeing to participate in all required educational programs associated with 4-H State Co-op Camp. 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**

The LSU AgCenter provides equal opportunities and employment. Cooperating agencies: LSU AgCenter, Louisiana parish governing bodies and United States Department of Agriculture.