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2009 National 4-H Congress, Atlanta, Georgia

November 27 – December 1, 2009

Location of Photo

Date

Name _____

(Please Print)

Signature _____

Signature of guardian (if under 18 years of age) _____

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Parent/Guardian Consent

I give permission for (participant's name) _____ to participate in _____ . I understand that may also include travel time while in custody of the 4-H Youth Development representative. In the event of an emergency, I authorize the chaperon/representative to arrange for necessary and appropriate medical treatment which may be required during our absence.

Parent/Guardian(s) Signature

Date