

2017 POLK COUNTY FAIR YOUTH OPEN CLASS ENTRY FORM

Name _____ Phone # _____ Age as of 7/1/17 _____

Address _____ City _____ Club (if available) _____

Entries **DUE on or before July 1, 2017 to Polk County Extension Office**, 1625 Adventureland Dr, Ste A, Altoona, IA 50009

Each parent is **required** to fill out the attached Medical Release and Photo Permission Form.

4-H BUILDING EXHIBITS check all boxes that apply. See Fair book for rules and regulations.

- CK 1** – Clover Kids Exhibit- **Only sign up once but you may bring multiple items** \$3.00
- CK 2** – Bucket of Live Flowers (sponsored by Polk County Master Gardeners) \$3.00

LIVESTOCK EXHIBITS Check all boxes that apply. Fill in appropriate blanks. See Fair book for rules and regulations.

BUCKET/BOTTLE CALF Ear tag # _____ Calf's Birthdate _____ \$4.00

CAT, 4 y/o-3RD GRADE Cat's name _____ Cat's Birthdate _____ Rabies Cert # _____ \$4.00

HORSE

LEAD LINE, 4 y/o-3RD GRADE 4-H/FFA Sponsor (Name of Member) _____ \$4.00

WALK TROT, K-3RD GRADE _____ \$4.00

Goat

SHOW, 4 y/o-3RD GRADE 4-H/FFA Sponsor (Name of Member) _____ Dairy or Meat _____ \$4.00

COSTUME CLASS, K-3RD GRADE _____ \$4.00

PETS, 4 y/o-3RD GRADE Pet's name _____ Pet's Birthdate _____ Pet type _____ \$4.00

POULTRY, 4 y/o-3RD GRADE Bird Breed _____ \$4.00

RABBIT / CAVY, 4 y/o-3RD GRADE

RABBIT Breed and Variety _____ Age _____ Sex _____ \$4.00

CAVY _____ _____ _____ \$4.00

SHEEP, 4 y/o-3RD GRADE 4-H/FFA Sponsor (Name of Member) _____ \$4.00

SWINE, 4 y/o-3RD GRADE 4-H/FFA Sponsor (Name of Member) _____ \$4.00

POLK COUNTY FAIR T-SHIRT

An event t-shirt will be provided to each exhibitor at no cost. Only one shirt per exhibitor. Check only ONE box.

- Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

MAKE CHECKS PAYABLE TO: POLK COUNTY FAIR ASSOCIATION **TOTAL DUE: \$** _____

OFFICE USE ONLY:

PAID: _____ T-SHIRT RECEIVED: _____ COMPUTER: _____



IOWA YOUTH CODE OF ETHICS

Youth are expected to be sincere, honest and act in sportsmanlike ways at all times. Youth represent the entire program and their behavior reflects on their parents, leaders, club and the entire youth program. All adults involved with the youth program, leaders as well as parents, are expected to set positive examples and serve as positive role models by what they say and do. Any youth who breaks the code of ethics or allows another person (adult or peer) to talk them into violating the code of ethics agrees to forfeit all prizes, awards and premiums. The youth may also be prohibited from exhibiting at this and future exhibitions including the Iowa State Fair and other county, state or regional exhibitions.

Youth agree to follow these guidelines:

1. I will do my own work, appropriate for my age and physical and mental development. This includes research and writing of exhibit explanations, preparing exhibits (such as sewing, cooking, refinishing, etc), care and grooming of animals, etc. Adult assistance should help guide and support me, not do it for me.
2. All exhibits will be a true representation of my work. Any attempt to take credit for other's work, alter the conformation of animals, or alter their performance is prohibited. Copyright violation or allowing others to complete your exhibit is considered misrepresentation and is prohibited.
3. I will treat all people and animals with respect. I will provide appropriate care for animals.
4. I will present exhibits that are safe for consumption. All food exhibits will be safe to exhibit and for judges to evaluate. Other exhibits will be safe for judges to evaluate and for exhibition.
5. All food animals that may be harvested immediately following the show shall be safe for consumers, and shall have met all withdrawal times for all medications, and be free of violative drug residue.
6. If any animal requires medical treatment while at the fair or exhibition, only a licensed veterinarian may administer the treatment. All medications that are administered shall be done according to the label instructions of the medication used.
7. My animal's appearance or performance shall not be altered by any means, including medications, external applications and surgical procedures. Any animal that is found to have changed its appearance or its performance shall be disqualified from the show, and have penalties assessed against the exhibitor, parent and/or guardian by the management of the fair or exhibition.
8. I will follow all ownership and possession rules and, if requested, will provide the necessary documentation.
9. I will follow all livestock health requirements for this fair or exhibition, according to the state health requirements as printed in the premium book of the fair or exhibition. I will provide animal health certificates from a licensed veterinarian upon request from the management of the fair or exhibition.
10. By my entering an animal in this fair or exhibition, I am giving consent to the management of the fair or exhibition to obtain any specimens of urine, saliva, blood, or other substances from the animal to be used in testing. If the laboratory report on the analysis of any sample indicates a presence of forbidden drugs, this shall be evidence such substance has been administered to the animal either internally or externally. It is presumed that the sample tested by the laboratory to which it is sent is the one taken from the animal in question, its integrity is preserved and all procedures of said collection and preservation, transfer to the laboratory and analysis of the sample are correct and accurate and the report received from the laboratory pertains to the sample taken from the animal in question and correctly reflects the condition of the animal at the time the sample was taken, with the burden on the exhibitor, parent and/or guardian to prove otherwise.
11. **COOL (Country of Origin Labeling) Compliance.** By my entering an animal in this fair or exhibition, I/we hereby certify that all animals listed were born and raised in the United States; we have followed all COOL compliance guidelines, and have maintained the appropriate records to provide as proof of country of origin.
12. I am responsible for my exhibit and I will not allow others to violate this code on my behalf. By my entering an exhibit in this fair or exhibition I will accept any disciplinary action taken by the management of this fair or exhibition for any violation of this code of ethics and any other rules of competition of the fair or exhibition without recourse against the fair or exhibition.
13. I want my exhibit to be an example of how to accept what life has to offer, both good and not so good, and how to live with and learn from the outcome.
14. I will not be involved in any illegal activities while participating in 4-H and FFA events, including but not limited to alcohol, tobacco or drug use.

I agree to conduct myself in an honest, ethical, and upstanding manner and I understand that disciplinary actions will result if these rules are violated. I understand that I am expected to represent the program in a positive manner. I have read, understand and agree to follow this code of ethics, and any other rules of competition of the fair or exhibition as printed in its premium book.

By signing this you are agreeing to the above stated terms.

Exhibitor Signature _____ Exhibitor Name Printed _____
 Parent/Guardian Signature _____ Parent Name Printed _____



HEALTH & PHOTO RELEASE

2017 POLK COUNTY FAIR

(**this form is REQUIRED for all youth on fairgrounds)



Name _____ Phone # _____

Address _____ City _____ ZIP _____

4-H Club/FFA Chapter _____ E-Mail Address _____

I hereby authorize the Polk County 4-H & FFA Fair Association personnel, ISU Extension staff, FFA Advisors, any licensed physician, EMT, or other qualified hospital personnel to render medical treatment to my son/daughter _____ (*child's name*) in an emergency. I also authorize them to transport my son/daughter to a medical facility to which, in their judgment, is necessary in the event of illness or injury.

Signed _____ Date: _____

Emergency Phone Numbers

Home Phone # _____
Father's Work # _____ Mother's Work # _____
Father's Cell # _____ Mother's Cell # _____

Name of Family Doctor _____ Doctor's Office # _____
Name of Dentist _____ Dentist's Office # _____

Another person to contact if you are unreachable
Name _____ Relationship to Participant _____
Phone # _____

Please list any and all allergies, special medical conditions or health problems and medications with which the Polk County Fair Association should be aware:

Photograph Permission

I give permission for my child, _____'s, picture to be used by the Polk County Fair Association, ISU Extension and FFA for educational purposes to help illustrate and explain the educational programs of Polk County Fair Association, ISU Extension and FFA.

Check appropriate box: You may You may not use his/her name.

Signed _____ Date: _____