



**KITSAP COUNTY 4-H MEDALS PROGRAM**  
**GAME ENTRY FORM**



**NAME OF SHOW:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ **Jr. Int. Sr.**  
Circle one

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Club Leader: \_\_\_\_\_

Club Name: \_\_\_\_\_

Event	Medal	Class Entered	Time	Placing
Barrels	Bronze			
Barrels	Silver			
Barrels	Gold			
Barrels	Platinum			
Poles	Bronze			
Poles	Silver			
Poles	Gold			
Poles	Platinum			

Class Fees
Medals Class \$15 each \$15 ea x _____ = _____
Total Due \$ _____

**Please make checks payable to:  
Kitsap County 4-H Horse Leaders**

**\*\*HELMETS REQUIRED FOR ALL MOUNTED CLASSES\*\***  
**“Rules from the 4-H Horse Project book and the Horse Contest Guide apply to all medals classes.”**

**4-H Medical Release:** (Must be filled out for all 4-H members regardless of age.)

As parent/guardian for the above individual, I permit the above listed individual to attend and participate in the Kitsap County 4-H Medals Program. I also hereby waiver and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators, may have or accrue against WSU Kitsap County Extension, their representatives, agents and accompanying 4-H leaders, arising from any injuries, physical or mental, suffered in connection with 4-H Youth Development Program sponsored activities.

In case of an emergency, I understand that every effort will be make to contact me. In the event I can not be reached, I hereby give permission to the physician selected by the event organizer to hospitalize and secure proper treatment (including surgery for my child). I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

<b>Home Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Work Phone:</b> _____	<b>Other Phone:</b> _____
<b>Name of Medical Insurance Carrier:</b> _____	
<b>Med Ins ID Number:</b> _____	
<b>Parent/Guardian Signature:</b> _____	
<b>Date:</b> _____	

**Release of Liability:** By signing below I have read and agree to the medals program rules and release Kitsap County 4-H Horse Leaders and all others working in connection with this show from any liabilities of any kind or character for loss, damage, or injury to horses or exhibitors or any property said person may have on the grounds.

**Exhibitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_