



Friday, August 10, 2012 1:00 p.m.



Bay County Fairgrounds Livestock Pavilion 800 Livingston St. Bay City, Michigan

Bay County 4-H is sponsoring an Ag Olympics challenge for Bay County youth. This event is free to all youth of Bay County and 4-H membership is not required.

- To register you must complete the form and return it to MSU Extension Bay County at Fair Entry Registration, at the Fairgrounds Canteen Building 800 Livingston St., in Bay City.
- MSU Extension will be forming teams this year to make the ages more appropriate! We promise it will still be a great time to have fun and get dirty!
- All participants must have their parent or guardian complete a Medical Release form in order to participate. Forms are available to download on our Website at www.baycounty-mi.gov/MSUE, and also at fair entry registration. Teams will consist of no more than six youth between the ages of 5 and 19. Prizes will be given to the top two teams. You will get messy so, don't forget to wear old clothes! These are physical challenges, we ask that no tank tops or skirts be worn.
- Thank you to Bay County Farm Bureau for sponsoring our t-shirts!

 Shirt sizes are as follows:

Child: □ Medium (10-12) □ Large (14-16) **Adult**: □ Small □ Medium □ Large □ X-Large.

If you would like more information, contact, MSU Extension - Bay County at (989) 895-4026.





4-H Ag Olympics Registration Form Parent Approval & Health Statement



The deadline to submit this form is by the close of Fair Entry Registration

Member's Nan	ne:		
T-shirt size:	Child : □ Medium (10-12) □	Large (14-16)	
	Adult: □ Small □ Medium □	□ Large □ X-Large.	
Full Mailing A	ddress:		
Telephone Nur	mber: ()	Member's A	ge:
Parent/Guardia	nn:	at ()
In an emergence	ey, notify:	at ()
	or:	at ()
Special Medica	al/Dietary Requirements:		
	Activities:		
We give our approval for2012.		to participate in Ag	g Olympics 2012 on August 10,
This member h	as been informed of any restrictions	listed above.	
	e responsibility for any necessary memory medical insurance is with:		
		Policy Number:	
Family Physician:		Phone: ()
reasonable pred	that the 4-H staff/volunteers and the caution to protect the welfare of the emedical treatment to be administered	entire group. We give our per	rmission, as parents or legal
Signed:		Date:	