

# BEEF BREEDING REGISTRATION FORM

DUE INTO THE 4-H OFFICE NO LATER THAN

October 30, 2021

All New and Returning Heifers and Females MUST fill out a Registration Form

4-Her's Name \_\_\_\_\_ Age as of 1/1/22 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

Your Parents' Cell Phones: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Club or Lone Member \_\_\_\_\_

Including this year, how many years have you shown heifers? \_\_\_\_\_

Check one box: Is this a: first year heifer or a second year heifer?

Will this entry be a cow/calf entry at County Fair? Yes No

Name of the heifer and date purchased \_\_\_\_\_

Registered female? Breed: \_\_\_\_\_

Registration Number \_\_\_\_\_

Crossbred? Breeds: \_\_\_\_\_

**A COPY OF THE REGISTRATION OR APPLICATION FOR REGISTRATION MUST ACCOMPANY THIS FORM IF THE ANIMAL IS TO BE IN THE REGISTERED CLASS AT FAIR.**

## FOR SELLER TO COMPLETE:

Animal's Date of Birth \_\_\_\_\_

I verify that this animal comes from a clean herd (Brucellosis & Tuberculosis tested, if born out of state, and BVD negative.) If not, this animal must be tested.)

Breeder's/Broker's Name (print) \_\_\_\_\_

Breeder's/Broker's Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Is the breeder a member in good standing of Chautauqua County Beef Producers? \_\_\_Yes \_\_\_ No

4-Her's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\*\*\*Signatures indicate the 4-H member and his/her parents agree to abide by the Chautauqua County 4H Beef Program and Heifer Project rules. Acknowledgement of Risk form is on the back of this paper.

**CORNELL COOPERATIVE EXTENSION**  
**Acknowledgement of Risk Form**

**Acknowledgement of Risk Form – 4-H Member**

**This form must be completed to participate in 4-H clubs and related activities.**

*This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.*

I hereby apply for my child to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the 4-H club and activities and my child’s participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of **5 for Cloverbud members and 8 for regular 4-H members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**Cornell Cooperative Extension of County**

DATE(S): 4-H Program Year: October 1, 2021 – September 30, 2022

4-H CLUB ACTIVITY (Select anticipated program participation):

- All 4-H activities and events for program year
- Working with dogs
- Physical Fitness programs
- Shooting Sports

For Cloverbuds (youth 5-8 years old only):

- Cloverbud activities
- Cloverbud working with equine or other animal programs

**I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.**

**This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child’s participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.**

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.**

**PARTICIPANT’S NAME (print)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT GUARDIAN NAME (print):**  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**This form must be kept on file until participant reaches age 21.**

F.O. R. M. Code 1501

Edition Spring 2015