4-H FCS National Championship and Conference
2025-2026

Request for Accommodations Form

Privacy Statement

The 4-H FCS National Championship and Conference collects information in order to consider and, when possible, provide accommodations or adjustments to programs and activities for participants with disabilities or special needs. The information you share may be provided to 4-H FCS National Championship and Conference committee members, volunteers, officials, medical personnel, and others as appropriate to help ensure that necessary accommodations or adjustments are considered when planning and delivering 4-H programs or activities.

NOTE: This form should be completed when accommodations are requested. Examples include physical, intellectual, developmental, or learning disabilities, as well as other conditions or impairments that may impact participation.

It is the responsibility of the individual (or parent/guardian, if under age 18) to notify 4-H FCS Championships at least 30 days before the contest is scheduled and to update the Request for Accommodations Notification Form if needs or abilities change.

Responsibilities of the Individual (or Parent/Guardian, if under age 18):

1. Notify 4-H FCS Championships at least 30 days before the contest is scheduled if accommodations are needed.
2. Update the Request for Accommodations Form if needs or abilities change.

Name: _____ Birth Date: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: _____ Program or Activity: _____

1. Describe the nature of the individual's disability or special need (if requested, the individual (or parent/guardian) must provide additional information, documents or a more detailed evaluation of the individual's situation so that the need for appropriate assistance or accommodation can be evaluated.) _____
_____
_____

2. Type of assistance or accommodation requested. (Please note: any modifications, adaptations, or accommodations permitted by school-based IEP shared with 4-H FCS National Championship may be considered.) _____
_____
_____

3. If you are seeking adjustments or exemptions to rules, policies or regulations pertaining to a 4-H program or activity, specify: the program or activity; the rule, policy, regulation; and the requested adjustment or exemption. I understand that the information on this form (and other information and documentation which may be provided in connection with it) may be shared with others in connection with the evaluation and implementation of the accommodations request and in accordance with the foregoing Privacy Statement. I hereby authorize 4-H FCS Championship and Conference to share and release such information and documentation, and I RELEASE National 4-H Council, Texas A&M University System, Texas A&M AgriLife Extension, and their officers, employees, agents and volunteers from all liability in connection therewith.

_____ _____
Date Parent/Guardian Signature

_____
Parent/Guardian Printed Name