

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Last Name		Preferred Name	
Mailing Address		Mailing Address 2	
City		State	
Zip Code		Country	
Birth Date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone		Cell Phone	
Work Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Address	Address 2
City	State
Zip Code	Home Phone
Email	

Second Household

Send Correspondence No Yes

Emergency Contact

Name	Phone
Cell Phone	

Enrollment

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military	
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
Grade	School Name	
School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Special Education	<input type="checkbox"/> Homeschool / Alternative <input type="checkbox"/> Magnet / Specialized School <input type="checkbox"/> Charter School

Vocational Education

Clubs

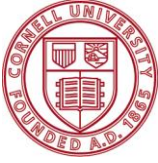
Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
(New Club)		
(New Club)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				
(New Project)				

Member Signature		Date	
Parent / Guardian Signature		Date	

County Only					
Activities	Certifications	Is this a volunteer?	Health Form Submitted?	AOR on file?	Enrollment Fee paid?



Cornell University
Cooperative Extension
of Suffolk County

4-H Photo Release 2017 - 2018

Photo Release: Yes, Cornell Cooperative Extension is granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

(Parent or Guardian's signature)

Date _____

CORNELL COOPERATIVE EXTENSION
Acknowledgement of Risk Form

This form must be completed and returned before child may participate.

I hereby grant permission for my child _____ to participate in
the **4-H Club** activity sponsored by Cornell cooperative Extension
of Suffolk County on the date(s) of **October 1, 2017 - September 30, 2018** and acknowledge as
follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in such activities and use of any equipment related to such activities that may result in injury, illness, or death, and damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health. I understand that he/she will participate in strenuous physical activity.

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.

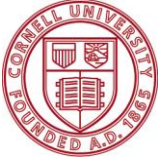
The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

PARENT/GUARDIAN'S NAME (print): _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

CHILD'S NAME: _____ AGE: _____



Cornell University
Cooperative Extension
of Suffolk County

4-H Member's Code of Conduct

1. I will respect the rights and feelings of all the members, leaders and guests of my 4-H Club.
2. I will not use anyone else's things without permission.
3. I will cooperate with all reasonable requests made by the leaders and other adults who help at my club and project meetings.
4. I will come to 4-H meetings and activities on time and participate in the planned program even when the activity is not my favorite.
5. I will not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
6. I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required for a project, class or activity. (I understand that my leader or the instructor will give me a written list of equipment when such items are needed).
7. When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.

I promise to obey this code of conduct _____
(Member's signature)

I have read this code of conduct and have witnessed my child's signature

(Parent or Guardian's signature)

Date _____