2017-2018
4-H MARKET LAMB & SHEEP BREEDING PROJECTS

MEMBER ENROLLMENT FORM

DUE IN 4-H OFFICE BY TUESDAY, JANUARY 2, 2018

1. 4-H Member’s Name: _____________________________________________________________

2. Address: ______________________________________________________________________

3. Phone Number: __________________________________________________________________

4. Birth Date: _____________________________________________________________________

5. Age as of January 1st, 2018: __________________________________________________________________

6. Years in 4-H: _____________________________________________________________________

7. Years in this project: __________________________________________________________________

8. Check here if you will be showing a MARKET LAMB at the County Fair: ____________

9. Check here if you will be showing BREEDING SHEEP at the County Fair: ______________

10. E-mail Address: ___________________________________________________________________

   Send or deliver form to the following address:
   Cornell Cooperative Extension
   Frank Bratt Ag Center
   Attn: 4-H Department
   3542 Turner Road
   Jamestown, NY 14701

NOTE: Failure to have this registration form in by TUESDAY, JANUARY 2, 2018 may result in disqualification from this year’s project.
Acknowledgement of Risk Form – 4-H Member

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

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, 2017 – September 30, 2018
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
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