



Member Information:

Last Name		First Name	
Preferred Name		Date of Birth (Youth Only)	
Email		Primary Phone	()
Cell Phone		Work Phone	
Emergency Contact Name		Emergency Contact #	
Mailing Address		Mailing Address 2	
City		County (of residence)	
State		Zip	
Township		M.I	
Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 1 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name		First Name	
M.I		Preferred Name	
Mobile Phone		Work Phone	
Mailing Address 1		Mailing Address 2	
City		County (of residence)	
State		Zip	
Occupation		Email	
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 2 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name		First Name	
M.I		Preferred Name	
Mobile Phone		Work Phone	
Mailing Address 1		Mailing Address 2	
City		County (of residence)	
State		Zip	
Occupation		Email	
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No

ES 237 Demographics:

Ethnicity	Are you of Hispanic ethnicity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State



Residence	<input type="checkbox"/> Farm	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 & rural non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town /City 10,000-50,000 & 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 Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

Grade School Type (Youth Only)	_____ School Name _____	
	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool/Alternative
	<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet/ Specialized School
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School

Enrollment Information:

Status	<input type="checkbox"/> New <input type="checkbox"/> Returning/ Re-Enrollment
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Enrollment Category	<input type="checkbox"/> Member <input type="checkbox"/> Cloverbud
	Date Enrolled: _____ 4-H age: _____ Years In 4-H: _____

Enrollment Fee (if applicable)	Paid : <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check
	Check #: _____	

Is this individual a Youth Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is Youth member a club officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Club Officer position: _____
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Forms Submitted	<input type="checkbox"/> Photo Release <input type="checkbox"/> Acknowledgement of Risk <input type="checkbox"/> Code of Conduct From
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Educational Focus:

Clubs	<input type="checkbox"/> Enroll
	(New Club): _____ (New Club): _____
	(New Club): _____ (New Club): _____

Projects	<input type="checkbox"/> Enroll
	(New Project): _____ (New Project): _____
	(New Project): _____ (New Project): _____
	(New Project): _____ (New Project): _____
	(New Project): _____ (New Project): _____

Activities	
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Certifications	
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Parent/ Guardian Signature: _____ Date: _____



**Cornell University
Cooperative Extension
Jefferson County**

ACKNOWLEDGMENT OF RISK FORM – YOUTH GENERAL

(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 youth program 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 activity or activities and my child's participation in said activity 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 associate therewith.

Cornell Cooperative Extension of Jefferson County

ACTIVITY OR PROGRAM: All 4-H and Cloverbud activities and events for program year

DATE(S): October 1, 2017-September 30, 2018

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:** _____

NOTE: This form must be kept on file until participant reaches age 21



NYS 4-H Code of Conduct

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination. CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University’s Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

Ground Rules

The following Ground Rules apply to all 4-H participants and volunteers. In addition to these expectations, CCE volunteers are accountable to additional expectations outlined in the CCE Volunteer Code of Conduct. Extension staff is accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
2. **Bring Your Best Self.** Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others
3. **Obey the Law.** Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlled substances.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow [Cornell Cooperative Extension Non-Discrimination Policy](#).
5. **Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren’t acceptable. Be considerate and courteous of all youth and adults and their property.
 - a. Youth must stay in the designated dormitory lodging areas: boys may not be in girls’ dormitory or lodging areas and girls may not be in boys’ dormitory or lodging areas.



- b. Report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the NYS 4-H, Extension staff, and Event Coordinators as soon as possible.
- 6. **Be a Team Player.** Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.
- 7. **Participate Fully.** Participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!
- 8. **Watch What You Wear.** Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don't wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.
- 9. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

Consequences

Any of the following may be used, depending on severity of the situation:

- 1. Participant will receive a verbal warning.
- 2. Participant may remain at the event/activity, but may possibly be barred from a future event.
- 3. Participant may be asked to leave the event/activity. If a youth, the parent(s) will be called and the youth will be sent home at family's expense.

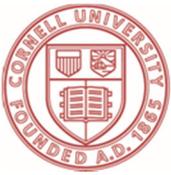
I have read and understand the above and will abide by the NYS 4-H Youth Development Code of Conduct.

Signature of 4-H Youth or Adult	Date
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Signature of Parent/Guardian (if youth)	Date
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4-H Program Year:

October 1, 2017 to September 30, 2018



Cornell University
Cooperative Extension
Jefferson County

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PHOTO/PUBLICITY RELEASE FORM

Cornell Cooperative Extension and Cornell University are 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 purposes, on their respective websites or for the promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward: (PRINT) _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____

Date: _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities, and provides equal program and employment opportunities.