

Cornell University
Cooperative Extension



Wayne County
1581 Route 88N
Newark, NY 14513
p. 315.331.8415
f. 315.331.8411
www.ccewayne.org

Dear 4-H Families,

Welcome to Wayne County 4-H! It is a very exciting time of the year to join 4-H; new projects are starting and planning for the upcoming year has begun. Please complete your enrollment paperwork so that you can get started participating today!

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of the youth involved in the programs we offer, but it also provides liability coverage; any child participating in any 4-H event, meeting, etc. must be enrolled. Enrollment in 4-H is not optional; it is required for participation.


Enclosed you will find enrollment forms for each member of your family who was enrolled in a 4-H club during the 2016-2017 4-H year. Please review the re-enrollment forms carefully to make sure that all information is correct including email address, phone number, home address, club you are in and projects you are involved in. Please complete the entire packet for each child who wishes to continue participating in 4-H. It is imperative that a separate packet be completed for each child and that the entire packet is returned. Paperwork for any additional family members wishing to enroll in 4-H is available at the 4-H office and on our website www.ccewayne.org. If a 4-H member has aged out or is no longer involved in 4-H, please mark that on the enrollment sheet and send it back!

The new 4-H year officially begins on October 1st. **Each youth wishing to continue their membership in a 4-H club must complete the enclosed enrollment paperwork and return it to the 4-H office no later than December 1st.** Completed enrollment paperwork, along with a \$50/family enrollment fee, should be dropped off or mailed to the 4-H office at the address above. Please be sure to make a copy for your records. After December 1st your name will be removed from the enrollment database and your leader will be contacted and informed that you are not a participating member until you have re-enrolled. Any late or incomplete paperwork received after the December 1st deadline will be assessed a \$10 late fee per child (not per family!). No re-enrollments will be accepted after April 1st – this means you will not be able to attend 4-H club meetings or any other 4-H sponsored event or activity.

New members must enroll within 30 days of attending their first 4-H meeting, activity or event OR before their 2nd time participating in anything 4-H related and must be enrolled by April 1st in order to participate in the Wayne County Fair as a 4-H member.

If you have any questions regarding enrollment or need help with your paperwork, please feel free to contact the 4-H office at 315-331-8415.

Sincerely,


Jessica L. Spence
4-H Youth Development Team Coordinator


Amy Pyra
4-H Community Educator

OFFICE USE ONLY	
Date Received: ____/____/____	Total Received: \$ _____
Late Fee Collected: YES OR NO	Cash OR Check: # _____
Date Entered in 4-H Online: ____/____/____	



Cornell Cooperative Extension Wayne County 4-H MEMBER ENROLLMENT FORM

Enrollment Year October 1, 2017-September 30, 2018

PART #1: ACKNOWLEDGEMENT OF RISK

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/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 members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

CORNELL COOPERATIVE EXTENSION WAYNE COUNTY

4-H Program Year: October 1, 2017-September 30, 2018

4-H Club Activity (please select anticipated program participation):

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

Cloverbud Members

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

4-H Equine (Horse) Activities

- Participating in an equine club
- Working with equines beyond club level including clinics, camps, shows
- Working with equines in mounted "over fences" activities. I (the parent/legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension county, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted "over fences" classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.

I have read the above and by signing part #6, 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.

PART #2: PHOTO RELEASE

By signing part #6, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Please Circle: Yes OR No

Member Name: _____

PART #3: CODE OF CONDUCT

YOUTH CODE OF CONDUCT

4-H members participating in or attending club, county, regional, district, state and national programs, activities, events, shows, and contests sponsored for youth by the 4-H Youth Development Program of Cornell Cooperative Extension Wayne County are required to conduct themselves according to the following *Code of Conduct*.

- I will respect the rights and feelings of all the members, leaders and guests of my 4-H club.
- I will not use anyone else's things without permission.
- I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
- I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
- I will not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
- 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.)
- 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 will not bully any of my fellow 4-H members. I will do my best to make sure that everyone in my group feels included.
- When I am participating in a 4-H program or activity I will make sure that my use of social media and cell phones is appropriate and is respectful to my club leader and fellow 4-H members.

Any violation of this Code of Conduct may result in disciplinary action up to and including removal from the program.

By signing part #6, the 4-H member promises to obey the 4-H member's Code of Conduct and the parent has read the 4-H member's Code of Conduct and has witnessed his/her child's signature.

PART #4: CHILD/CUSTODIAL RELEASE

If there are any restrictions regarding the release of information or custody as to either parent, please list in the space provided below or on an additional sheet all such restrictions, and supporting documentation. If there is any uncertainty or lack of clarity regarding particular release issues, Cornell Cooperative Extension Wayne County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

PART #5: MEDICAL RELEASE AUTHORIZATION, October 2017-September 2018

(If any of this information changes, you are responsible for notifying the 4-H office)

Name: _____ D.O.B. ____ / ____ / ____

Parent Name: _____

Contact Info: _____

MEDICAL HISTORY

(please list any illnesses such as diabetes or seizures or allergies such as food and environment)

Date of last Tetanus Booster: ____ / ____ / ____

Current prescribed medications (specify – name, dosage, time): _____

Please specify any other health concerns, physical activity restrictions, and/or other information you want the 4-H staff, leaders or event chaperones to be aware of on behalf of your child's welfare. Also indicate if your child requires and special dietary needs. **Please be advised that based on activity, a doctor's note may be required to validate a child's FULL ability to participate in a safe and healthy manor.* _____

Does enrollee require accommodations for a disability? Yes OR No

If yes, please describe accommodations needed: _____

FAMILY MEDICAL & HOSPITALIZATION COVERAGE

Insurance Company/Government Program: _____

Identification/Policy #: _____

Family Physician: _____ Phone: (____) ____ - ____

EMERGENCY CONTACT

Please list 1 additional contact, must be 18 or over, that could be called in the case of emergency, if the above named guardians cannot be reached.

1) Name: _____ Relationship: _____

Primary Phone: (____) ____ - ____ Alternate Phone: (____) ____ - ____

PERMISSIONS GRANTED BY SIGNING PART #6

1. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
2. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

PART #6: SIGNATURES

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein, specifically including parts #1 Acknowledgement of Risk, #2 Photo Release, #3 Code of Conducts, #4 Child Custodial Release, #5 Medical Release.

4-H Member Signature: _____ Date: ____ / ____ / ____

Parent Signature: _____ Date: ____ / ____ / ____

To enroll in the 4-H Program, complete this form and submit the enrollment fee (\$50 per family) to:
Wayne County: Cornell Cooperative Extension, 1581 Route 88N, Newark, NY 14513



Please Fill Out This Form Completely!



4-H Youth Enrollment Form

Child's Personal Information:

Last Name _____ First Name _____ M.I. _____
Address _____ City _____ Zip Code _____
Home Phone () _____ Alternate Phone () _____
Email Address _____ County of Residence: _____
4-H often sends information electronically; please list your preferred address for receiving 4-H announcements and updates
We will not share your email information with any other party or agency. Email Newsletter? Y N
Date of Birth _____ Gender: M F Age on January 1st of this year (4-H Age) _____
of years in 4-H (including this year) _____ Grade _____ School _____
Is youth: disabled from a military family a Club Officer (If yes, position: _____)

ENROLLMENT INFORMATION:

Cloverbud (ages 5-7 as of January 1) Member (ages 8-18 as of January 1)

I belong to the _____ 4-H Club. Give name of club, if applicable.

Area(s) of Interest: _____

Describe your residence:

- Farm/Rural (population under 10,000)
- Town/Village (population 10,000-50,000)
- Town/Suburb (population over 50,000)
- City (population over 50,000)

Ethnicity (statistical purposes only):

- Hispanic Not Hispanic

Race (statistical purposes only):

- Caucasian African-American Asian
- Native American Pacific/Hawaiian

PARENT/GUARDIAN INFORMATION:

Last Name _____ First Name _____ M.I. _____
Address _____ City _____ Zip Code _____
Home Phone () _____ Alternate Phone () _____
Occupation _____ Work Phone () _____
Email Address _____

Last Name _____ First Name _____ M.I. _____
Address _____ City _____ Zip Code _____
Home Phone () _____ Alternate Phone () _____
Occupation _____ Work Phone () _____
Email Address _____

I authorize _____ to pick up my child.

Parent/Guardian Signature _____ Date _____

4-H Leader Signature (if applicable) _____ Date _____