

Cornell Cooperative Extension Chemung County

4-H MEMBER ENROLLMENT FORM Enrollment



Year October 1st thru September 30<sup>th</sup>

CLUB NAME: \_\_\_\_\_

Date Enrolled: \_\_\_/\_\_\_/\_\_\_

**PART 1: DEMOGRAPHICS**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ 4-H Age: \_\_\_\_\_  
(age as of Jan. 1st, of the current year)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic Gender: Male Female  
(circle one)

Race: \_\_\_\_\_ White/Caucassian \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian  
\_\_\_\_\_ American Native/Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**Residence:**

Rural/Town: under 10K Town: 10k - 50K Farm Suburb: over 50K City: over 50K

Is enrollee from a military family? Yes OR No

If yes, please specify - Branch: \_\_\_\_\_ Status: \_\_\_\_\_

**School:** Name of school youth attends: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_/\_\_\_/\_\_\_

Amount Received: \_\_\_\_\_

Cash or Check: # \_\_\_\_\_

Date Received in office:  
(date stamp)

**PART 2: PARENT INFORMATION**

**PARENT 1** Legal Guardian: Yes OR No

Name: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

*(Please fill in address ONLY if different from front page of form)*

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

**PARENT 2** Legal Guardian: Yes OR No

Name: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

*(Please fill in address ONLY if different from front page of form)*

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

**PART 3: CHILD/CUSTODIAL RELEASE** - If there are any restrictions regarding the release of information or custody as to either parent, please provide 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 Chemung County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

Parent/Guardian: Please initial: \_\_\_\_\_

**PART 4: PHOTO RELEASE**

By signing this form, 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 Parent/Guardian: Please initial: \_\_\_\_\_

**Cornell Cooperative**  
**Extension Chemung County**



425 Pennsylvania Avenue  
Elmira, NY 19404  
607-734-4453  
607-734-7740

## **PART 5: 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 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**
2. **Bring Your Best Self.**
3. **Obey the Law.**
4. **Honor Diversity – Yours and Others'.**
5. **Create a Safe Environment**
  - 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.**
7. **Participate Fully.**
8. **Watch What You Wear.** 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.
9. **Be a Positive Role Model.**

### ***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.

**COMMUNICATIONS:** Families will need to sign up to subscribe for our weekly newsletter at the following link:

<http://chemung.cce.cornell.edu/4-h-youth/4-h-newsletters-and-news> . Newsletter also available on our Facebook page and website.

**PART 6: 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 risks and dangers and I hereby accept these risks 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 CHEMUNG COUNTY**

**4-H Program Year: October 1, 20\_\_ thru September 30, 20\_\_**

**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 Chemung 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 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.

**PART 7: 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 agree ments herein, specifically including parts: #3 Custodial Release, #4 Photo Release, #5 Code of Conducts, #6 Acknowledgement of Risk, #7 Signatures.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(please print name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Cornell Cooperative Extension-Chemung County*  
Permission Slip and Medical Release Form

**Please print:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Club: \_\_\_\_\_

**Activity:** Chemung County 4-H program year **Date(s):** Oct 1 – Sept 30 20\_\_ **Location(s):** Chemung County 4-H Program

**Medical History** or concerns for the 4-H program – (include items such as allergies, or diagnoses)

Current prescribed medication (specify):

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Name of Medical Insurance Company or Government Program (Medicaid, etc.) \_\_\_\_\_

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

***Permissions Granted***

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. 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.
3. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent or Guardian*

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