



September 1, 2020



## 4-H Member Enrollment Forms

Dear Future 4-H Members and Parents,

**Welcome to Oneida County 4-H! We are so excited to have you become a part of our family!**

The 4-H Staff is excited to begin the 2020-2021 4-H Year! The 4-H year officially begins on October 1st, however you may enroll at anytime throughout the year.

Enclosed you will find all the required paperwork to enroll:

Complete the enrollment paperwork and mail paperwork and payment to the 4-H Office.

**Cornell Cooperative Extension Oneida County**

**Attn: Casey Holbert**

**121 Second Street**

**Oriskany, NY 13424**

**Enrollment Annual Member Fee:** \$20 per Member with a maximum of \$40 per family. \*

\*(Family is defined as two or more Youth, Adults do not count).

**Enrollment Annual Volunteer Fee:** There is \$10 enrollment fee per adult volunteer. \*\*

\*\*This helps defray the cost of the mandatory background checks, motor vehicle records and insurance.

Payment should be in check form. **Checks Payable:** CCE ONEIDA

Youth and adults who are unable to pay the fee will not be prohibited from participating in the 4-H program. Please contact Lisa Farney, the 4-H Youth Development Team Leader to address this matter.

**Once your enrollment paperwork is PROCESSED, you will receive an email with a copy of your 4-H membership card. Please keep this card on hand for events and club meetings.**

Please join us and pick up Joanne Fabric Donations at our **4-H Enrollment Meetings** for Leaders, Volunteers and Parents!

**October 3rd at 10 am OR October 7th at 6pm**

**Mandatory RSVP:** [https://reg.cce.cornell.edu/4HMeet2020\\_230](https://reg.cce.cornell.edu/4HMeet2020_230)

Please contact the 4-H Staff at (315) 736-3394 if you have any questions regarding enrollment or need help with your paperwork.

Sincerely,  
The 4-H Staff– Lisa, Lynette, Casey and Holly

# Cornell Cooperative Extension Oneida County

121 Second Street, Oriskany, NY 13424  
Phone: (315) 736-3394 Fax: (315) 736-2580

## 4-H Youth Development Program Staff

### Lisa Farney

4-H Youth Development Educator  
lb553@cornell.edu  
(315) 736-3394 x 122

### Holly Wise

4-H Plant Science Educator  
hlw2@cornell.edu  
(315) 736-3394 x 125

### Lynette Kay

4-H Program Educator  
lsk23@cornell.edu  
(315) 736-3394 x 105

### Casey Holbert

4-H Community Educator  
cch244@cornell.edu  
(315) 736-3394 x 108

**JOIN**  **THE**  
**REVOLUTION**  
**OF RESPONSIBILITY**

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.



# Oneida County 4-H Member Enrollment Form

Member Information: Primary Club: \_\_\_\_\_ Secondary Club: \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>
<b>Email</b>	<b>Primary Phone</b> ( )
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth</b>

### Parent/Guardian 1 Information:

<b>Last Name</b>	<b>First Name</b>
<b>Mobile Phone</b>	<b>Work Phone</b>
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Occupation</b>	<b>Email</b>
<b>Company</b>	<b>Company Address</b>
<b>Legal Guardian</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Parent/Guardian 2 Information:

<b>Last Name</b>	<b>First Name</b>
<b>Mobile Phone</b>	<b>Work Phone</b>
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Occupation</b>	<b>Email</b>
<b>Company</b>	<b>Company Address</b>
<b>Legal Guardian</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

opt in to 4-H Text Message?	Yes	No
	(Please Circle)	
Cell Phone Number:	( ) -	
Cell Phone Provider:	_____	

Grade \_\_\_\_\_ School Name \_\_\_\_\_

- School Type**
- Public School
  - Home school/Alternative
  - Special Education
  - Private School
  - Magnet/ Specialized School
  - Charter School

<b>Enrollment Category</b>	<input type="checkbox"/> Member	<input type="checkbox"/> Cloverbud member
	Date Enrolled: _____	4-H age: _____ Years In 4-H: _____

## Demographics:

**Ethnicity** Are you of Hispanic Ethnicity?  Yes  No

**Race**  White  Black  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Pacific Islander  Prefer not to state

**Residence**  Farm (Rural area where agricultural products are sold)  
 Town Under 10,000 & rural non-farm  
 Suburb of city more than 50,000  
 Central city more than 50,000  
 Town/City 10,000-50,000 & Suburbs

**Military**  No one in my family is serving in the military  
 I have a parent serving in the military  
 I have a sibling serving in the military

**Branch**  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy  
 Active Duty  National Guard  Reserves

## Projects

Please check the box for what projects you plan on completing in the 2020-2021

Animal Science		Arts & Crafts		Archery	
Beef		Clothing and Textiles		Wood Science	
Cat		Combined Creative Science		Environmental	
Dairy		Consumer Economics		Entomology	
Dog		Food and Nutrition		Horticulture	
Goat		Healthy Lifestyles		Natural Resources	
Horse		Home Environment		Citizenship/ Community Service	
Poultry		Performance Arts		Creative Communications	
Rabbit/Cavy		Photography		Leadership	
Sheep		Robotics		Public Presentations	
Swine		Tractor Safety		Other	
Vet Science		STEM		Bicycle	

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

## **PART 1: YOUTH CODE OF CONDUCT**

4-H members and volunteers 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 Oneida County are required to conduct themselves according to the following Code of Conduct.

### **The following are not permitted at 4-H sponsored programs, activities or events:**

- ◆ 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.
- ◆ 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.
- ◆ 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.
- ◆ Romantic displays and sexual activities either in public or private situations
- ◆ Boys in girls' dormitory or lodging areas and girls in boys' dormitory or lodging areas
- ◆ Cheating or misrepresenting project work
- ◆ Theft, destruction or abuse of property
- ◆ Violation of an established curfew
- ◆ Unauthorized absence from program site
- ◆ Insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable.
- ◆ Carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally)
- ◆ Other conduct deemed inappropriate for the youth development program by Cornell Cooperative Extension Oneida County staff or a 4-H volunteer leader.

### **If this code is violated, the following steps may be taken:**

- ◆ The adult chaperone for the youth involved in the violation (extension staff or 4-H leader) will be made aware of the situation
- ◆ The parent (s) may be called, and arrangements made for transportation home at the parent's expense
- ◆ The 4-H'er may be barred from participating in 4-H
- ◆ When a violation occurs at a competitive event, 4-H members may be disqualified from the contest and may be ineligible for any awards. Competition in later contest may also be barred
- ◆ If any laws are violated, the case may be referred to the police

## **PART 2: PARENTAL CONSENT/YOUTH ASSENT**

Through participation in Cornell Cooperative Extension and 4-H programs, youth may be asked to complete a survey about their experiences in the program or activity. In the New York State 4-H Office at Cornell University, we regularly use data collected from these surveys for evaluation efforts designed to inform our programming and to provide better, more meaningful educational experiences in the future. Participation in the survey is anonymous, voluntary and there is no impact on program participation if someone refuses to complete a survey.

## **PART 3: PHOTO RELEASE**

Please check **YES** or **NO** to the following: Cornell University 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 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, 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.

**YES**

**NO**

**PART 4: ACKNOWLEDGEMENT OF RISK**

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 the is activity and is able to participate in any strenuous physical activity associated therewith.

**CORNELL COOPERATIVE EXTENSION ONEIDA COUNTY 4-H Program Year:**

October 1, 2020 thru September 30, 2021

**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 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 Oneida 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 below 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 name herein.

**PART 5: 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, acknowledgments and agreements included in parts: #1. **Code of Conduct**; #2. **Parental Consent/Youth Assent**; #3. **Photo Release**; #4. **Acknowledgement of Risk** & #5. **Signatures**.

**Active enrollment will not be acknowledged without signatures and dates completed below**

Youth Name: \_\_\_\_\_

*(Please Print Name)*

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

Parent/Guardian Name: \_\_\_\_\_

*(Please Print Name)*

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

**Payment**

Cash or Check  
(Please Circle Payment Option)

Check #: \_\_\_\_\_

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

**NON-REFUNDABLE**

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

# **2020-2021 4-H YEAR**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than # 10.

## **Acknowledgement of Risk**

**I understand Cornell Cooperative Extension of Oneida County** has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Oneida County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

**Return completed form to: CCE Oneida County 121 Second St, Oriskany, NY 13424 Attn: Lisa Farney**

**Youth/Volunteer Name:** \_\_\_\_\_

Parent, Guardian, Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian must sign for youth**

---