

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.

RETURNING MEMBERS: Enclosed you will find enrollment forms for each member of your family who was enrolled in a 4-H club during the 2020-2021 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. 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 enrollment fee (see below, please note the change to family pricing), 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. 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.

Sincerely,


Jessica L. Spence
4-H Program Leader


Amy Pyra
4-H Educator

4-H Enrollment Fees:
\$50 individual
\$70 family of 2
\$80 family of 3
\$90 family of 4
\$100 family of 5+
Checks to CCE Wayne
PayPal wayne@cornell.edu
*in the case of financial hardship,
please contact the 4-H office.

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, 2020-September 30, 2021

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, 2020-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 "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.

Member Name: _____

Please Circle: Yes OR No

PART #3: 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 #4: CODE OF CONDUCT



New York State 4-H Program Cornell Cooperative Extension 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.

- **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.
- **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
- **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.
- **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's Non-Discrimination Policy.
- **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.
 - 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.
 - 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.
- **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.
- **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!
- **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.
- **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.

By signing Part #6, we (member and parent) are acknowledging that we have read and will abide by the NYS 4-H Youth Development Code of Conduct.

PART #5: MEDICAL RELEASE AUTHORIZATION, October 2020-September 2021

(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 Child Custodial Release, #4 Code of Conduct, and #5 Medical Release.

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

Parent Signature: _____ Date: ____/____/____

4-H Youth Enrollment Form

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



Please Fill Out This Form Completely!



Child's Personal Information:

Last Name First Name M.I. Address City Zip Code Home Phone Alternate Phone Email Address County of Residence Date of Birth Gender Age on January 1st # of years in 4-H Grade School Is youth: disabled from a military family a Club Officer

ENROLLMENT INFORMATION:

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