

Dog



Oneida County Youth 4-H Member Enrollment Form 23-24

Member Information:

First Name:				Last Name:
Gender:	Male □	Female □	Not Listed \Box	Date of Birth:
Grade:		School Name:		

Family 4-H Account Information:

Family Email:	Primary Phone: ()
Mailing Address:	
City, State, Zip Code:	

Parent/Guardian 1 Information:

First Name:	Last Name:
Mobile Phone: ()	

Par	ent/Guardia	n 2 Informa	tion:		
First Name:			Last Name:		
ber	OR	Club:			
what pr			bleting in the 2023-2	.024 4-H year:	
En	tomology		Photography		
Fis	shing		Poultry		
Fo	Food + Nutrition		Rabbits/Cavy		
Go	Goat (Meat/Dairy)		Robotics		
He	Healthy Living		Sheep		
Нс	Horse		Swine		
Нс	Horticulture		Tractor Safety		
Le	Leadership		Vet Science		
	per what pr En Fis Fo Go He Ho	Der OR Proj what projects you pl Entomology Fishing Food + Nutrition Goat (Meat/Dairy) Healthy Living Horse Horticulture	Der OR Club: Projects what projects you plan on comp Entomology Entomology Fishing Image: Colspan="2">Image: Colspan="2">Club: Øreige (Colspan="2">Projects What projects you plan on comp Entomology Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Club: Øreige (Colspan="2">Projects Øreige (Colspan="2">Ore (Colspan="2">Club: Øreige (Colspan="2">Projects you plan on comp Øreige (Colspan="2">Fishing Image: Food + Nutrition Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" <	Der OR Club: Projects Projects you plan on completing in the 2023-2 what projects you plan on completing in the 2023-2 Photography Entomology Photography Fishing Poultry Food + Nutrition Rabbits/Cavy Goat (Meat/Dairy) Robotics Healthy Living Sheep Horse Swine Horticulture Tractor Safety	

Performing Arts

Wood Science

Demographics:								
Ethnicity	Are you of Hispanic Ethnicity?							
Race	\Box White \Box Black or African American \Box Asian							
	 □ American Indian or Alaskan Native □ Native Hawaiian or Pacific Islan □ Prefer not to state 							
Residence	□ Farm (Rural area where agricultural products are sold)							
	□ Town Under 10,000 & Rural– Non-Farm							
	□ Town, City or Suburbs 10,000 to 50,000							
	□ City or Suburb More than 50,000							
	□ City– Central, More than 50,000							
Military	□ No one in my family is serving in the military							
	□ I have a parent serving in the military							
\Box I have a sibling serving in the military								
Branch	\Box Air Force \Box Army \Box Coast Guard \Box DOD Civilian \Box Marines \Box Navy							
	□ Active Duty □ National Guard □ Reserves							

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Once enrollment paperwork and Signature Form is complete, 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).

Payment can be in check form . Checks Payable: CCE ONEIDA

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, club meetings, etc.

121 Second St Oriskany, NY 13424 t. 315-736-3394 f. 315-736-2580

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 ٠ 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 ٠ 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
- ٠ Theft, destruction or abuse of property
- Violation of an established curfew ٠
- ٠ Unauthorized absence from program site
- ٠ 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) ٠
- 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 disgualified 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.





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, 2023 thru September 30, 2024

4-H Club Activity (please select anticipated program participation): □All 4-H activities and events for program year □Shooting Sports □Working with dogs

Cloverbud Activities

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 (s):_____

(Please Print Names)

Guardian Signature: _____

Date:

Payment

Check or Card/PayPal

Amount Due: _____ NON-REFUNDABLE