



# 4-H MEMBER ENROLLMENT FORM

4-H Year 2023-2024  
Yates County (058)

### Club Affiliation:

Enrolled in Club(s)       Independent Member

Mail Completed Forms and Payment to:  
CCE Yates County  
417 Liberty Street  
Penn Yan, NY 14527

### List of Club(s) Name:

### Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Family Email: \_\_\_\_\_ Youth Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: (of residence): \_\_\_\_\_ Township: \_\_\_\_\_

School: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Does youth need accommodations?      If yes, please describe:  
Y    N      \_\_\_\_\_

Is enrollee from a military family? Y    N    If yes: Active/Reserve/Guard Branch: \_\_\_\_\_

### Demographics for Federal Reporting:

Gender:  M  F      Gender Identity Not Listed      Prefer Not to Respond      Grade: \_\_\_\_\_  Not in School  
Residence (check one):  Farm  Rural/Town<10K  Town 10-50K  Suburb>50K  City  
Ethnicity:  Hispanic  Not Hispanic  
Race:  White  Black  Native American /Alaska Native  Asian  Pacific/Hawaiian  
Prefer not to answer      Other      (check all that apply)

<u>Fees:</u>	Individual	Family	Fee waivers available, please contact the office for more information.
Yates County resident	\$20	\$35	
Out of County resident	\$30	\$55	
Late (11/2-4/1) Resident <b>(Re-Enrollment Only)</b>	\$30	\$45	
Late (11/2-4/1) Non-Resident <b>(Re-Enrollment Only)</b>	\$40	\$65	

### FOR OFFICE USE ONLY

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

Status (check one):  New  Returning/ Re-Enrollment  Inactive  Terminated  Alumni

Enrollment Category (circle one):  Member  Cloverbud

Enrollment Fee paid (if applicable)? Y    N    Cash/Check      Check #: \_\_\_\_\_

Forms Submitted:  Medical Release  Acknowledgement of Risk  Code of Conduct

Please completely fill out both front and back of form

**Photo, Video, and Audio Consent and Release:**

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension-sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

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 and/or my child 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.

Name (print): \_\_\_\_\_

4-H Member Name: \_\_\_\_\_

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

Parent/Legal Guardian's Signature (if under 18)

**Parent/Guardian Information**

***Parent 1***

Parent Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Parent Type (check one):  Primary Parent

Additional Parent  Other \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Youth Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Serving In Military? Y N

If so, what branch? \_\_\_\_\_

Current status? \_\_\_\_\_

Legal Guardian: Yes No

Send E-mail Newsletter / Mailings? Yes No

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

***Parent 2***

Parent Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Parent Type (check one):  Primary Parent

Additional Parent  Other \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Youth Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Serving In Military? Y N

If so, what branch? \_\_\_\_\_

Current status? \_\_\_\_\_

Legal Guardian: Yes No

Send E-mail Newsletter / Mailings? Yes No

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

Is there any additional information the 4-H office should be made aware of regarding your child? \_\_\_\_\_