



Cornell Cooperative Extension Saratoga County

**4-H MEMBER ENROLLMENT FORM**

Enrollment Year October 1<sup>st</sup>- September 30<sup>th</sup>. \$5.00 Enrollment Fee

**CLUB/INDIVIDUAL:** \_\_\_\_\_

**PART #1: DEMOGRAPHICS**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Is enrollee from a military family?** Yes OR No  
If yes, please specify – Branch: \_\_\_\_\_ Status: \_\_\_\_\_

**Health Considerations:** \_\_\_\_\_

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

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_ Hispanic \_\_\_\_ Non-Hispanic **Gender:** Male Female

**Residence:**

Farm:

Rural/ Town: under 10K (zip codes 12134, 12170, 12188, 12803, 12822, 12833, 12835, 12850, 12859, 12863, 12871, 12884)

Town: 10k - 50k (zip codes 12019, 12020, 12065, 12118, 12831, 12866) Other: \_\_\_\_\_

**Race:** \_\_\_\_ White \_\_\_\_ Black \_\_\_\_ American Native/Alaskan Native  
\_\_\_\_ Asian \_\_\_\_ Native Hawaiian \_\_\_\_ White and Black  
\_\_\_\_ White and American Native/Alaskan Native \_\_\_\_ White and Asian  
\_\_\_\_ Black and American Native/Alaskan Native \_\_\_\_ Other: \_\_\_\_\_

**PART #2: OFFICE USE ONLY**

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fee Collected:** YES OR NO  
Cash OR Check: # \_\_\_\_\_

**Date Entered in ACCESS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Projects:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART #3: PARENT INFORMATION**

**PARENT #1**

Legal Guardian: Yes OR No

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

E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please fill in address ONLY if different from front page of form)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

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**PARENT #2**

Legal Guardian: Yes OR No

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

E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please fill in address ONLY if different from front page of form)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

**PART #4: CHILD/CUSTODIAL RELEASE**

Are there any restrictions regarding the release of information or custody as to either parent. Please provide an additional sheet with all such restrictions and supporting documentation. If there is any uncertainty or lack of clarity regarding particular release issues, Cornell Cooperative Extension Saratoga County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

**PART #5: 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**

## **PART #6: RISK OF ACKNOWLEDGEMENT**

### **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 SARATOGA COUNTY**

**4-H Program Year: October 1, 2023 - September 30, 2024**

**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 small animals

#### **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 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: Standard of Behavior**

The Saratoga County 4-H Program wants members and volunteers to feel welcome, respected, nurtured, and safe in all of their 4-H activities. 4-H members, volunteers, and 4-H Staff are expected to work together to resolve problems.

I will learn and strive by the 4-H Pledge:

I Pledge

My **Head** to clearer thinking,  
My **Heart** to greater loyalty,  
My **Hands** to larger service, and  
My **Health** to better living for my club, my community, my country, and my world.

I will:

treat others, as I would like to be treated. I will show respect and consideration to other youth, 4-H leaders, staff and other adults who make 4-H possible for me.

live up to a high standard of good sportsmanship at all times, accepting victory and defeat with pride and compassion.

accept responsibility for my language and behavior.

refrain from inappropriate public displays of affection.

obey all laws and refrain from the use of tobacco, alcohol, and illegal substances.

use good common sense and do what is right for the situation.

help others learn about 4-H and be a positive example of 4-H values in the community.

cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.

obey any special rules that apply to county, district, state or national 4-H activities I may choose to participate in.

**PART #8: 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 #4 Child Custodial Release, #5 Photo Release, #6 Risk of Acknowledgement #7 Standard of Behavior.**

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_