



# 4-H MEMBER ENROLLMENT FORM

**4-H Year 2024-2025**  
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?

Y N

If yes, please describe:

\_\_\_\_\_

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)

## Fees:

Individual

Family (for families enrolling more than one youth)

Yates County resident

\$20

\$35

Out of County resident

\$30

\$55

*Fee waivers available, please  
contact the office for more  
information.*

Late (11/2-4/1) Resident **(Re-Enrollment Only)**

\$30

\$45

Late (11/2-4/1) Non-Resident **(Re-Enrollment Only)**

\$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*

**- Over -**

**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? \_\_\_\_\_

\_\_\_\_\_



## NYS 4-H Code of Conduct

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration that is 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.

1. **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.
2. **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
3. **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.
4. **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 Non-Discrimination Policy](#).
5. **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.
  - a. 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.



- b. 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.
6. **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.
7. **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!
8. **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.
9. **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.

**I have read and understand the above and will abide by the NYS 4-H Youth Development Code of Conduct.**

_____ <b>Signature of 4-H Youth or Adult</b>	_____ <b>Date</b>
_____ <b>Signature of Parent/Guardian (if youth)</b>	_____ <b>Date</b>
<b>4-H Program Year:</b>	<u><b>October 1, 2024 to September 30, 2025</b></u>



**Cornell Cooperative Extension  
Permission Slip and Medical Release Form**

**Please print:**

Child's Name:

Date of Birth:

Address:

Parent/Guardian:

Phone:

In case of an emergency, contact:

Phone:

Cell Phone:

Work Phone:

Activity

Dates(s)

Location(s)

Activity Director

***Medical History.....***

*Check any and all that apply to your child:*

Date of Last Tetanus Booster

**Illnesses**

**Allergies**

Ear Infections

Hay Fever

Rheumatic Fever

Insect Stings

Convulsions

Ivy Poisonings Penicillin

Diabetes

Other (specify)

Other (specify)

Current prescribed medication (specify)

On an additional form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Name of **Medical** Insurance Company or Government Program (***Medicaid, etc.***)

Identification/Policy #

Family Physician's Name and Phone Number

***Permissions Granted***

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. 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.
4. 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.

Signature

*Parent or Guardian*

Date

Cornell Cooperative Extension is an equal program provider.

Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.

C

## **Acknowledgement of Risk Form – 4-H Member**

**This form must be completed to participate (including Cloverbuds) in 4-H clubs and related activities.** *This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.*

I hereby apply for my child to participate in the 4-H club and/or 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 4-H members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

### **Cornell Cooperative Extension of Yates County**

DATE(S): 4-H Program Year: October 1, 2024 through September 30, 2025

**4-H CLUB ACTIVITY** (Select anticipated program participation):

- ☐ All 4-H activities and events for program year
- ☐ Working with dogs
- ☐ Physical Fitness programs
- ☐ Shooting Sports

For Cloverbuds (youth 5-7 years old only):

- ☐ Cloverbud activities
- ☐ Cloverbud working with equine or other animal programs

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.

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

Date of Birth: \_\_\_\_\_

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

Parent/Guardian Name (print): \_\_\_\_\_

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

*This form must be kept on file until participant reaches age 21.*