

**Required Annual 4-H Enrollment Fees: \$25 per Family**

\$35 Fee for Re-enrollment after January 1st

**Office Use Only**

**Date received at Office:** \_\_\_\_\_

**Paid:** Cash \_\_\_\_\_ Check # \_\_\_\_\_



**2025– 2026 St. Lawrence County 4-H Member Enrollment Form**

**Personal Information**

\*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

Alternate Name \_\_\_\_\_ \*County of 4-H Participation \_\_\_\_\_

If you have participated in 4-H in another county, which county? \_\_\_\_\_

\*Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age (age as of January 1): \_\_\_\_\_

\*Gender (Select One): [ ] Male [ ] Female [ ] Other

\*Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address Information (Required)**

\*Street \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Want 4-H Mailings and Email Newsletters? (Yes/No) \_\_\_\_\_

Parent/GardianPrimary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

**Parent Information**

*Parent or Guardian 1*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different from above): Street \_\_\_\_\_ City \_\_\_\_\_

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

*Parent or Guardian 2*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different from above): Street \_\_\_\_\_ City \_\_\_\_\_

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

*Emergency Contact*

Primary phone: \_\_\_\_\_

Name: \_\_\_\_\_

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



## Demographic Information

**Ethnicity** (Select One): ☐ Not Hispanic ☐ Hispanic

**Race** (Select All That Apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander

**Residence** (Select One):

☐ Farm ☐ Rural or Town of Less than 10,000 ☐ Large Town of 10,000-50,000 ☐ Suburb

☐ City (town of more than 50,000)

**Currently Military Service Family?** ☐ Yes ☐ No

If yes, please specify branch: \_\_\_\_\_

Branch Component: \_\_\_\_\_

## School Information

**School County:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

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

## Program Information

Name of Club 1 \_\_\_\_\_ Name of Club 2 \_\_\_\_\_

**Projects: (Ex. Dairy, Horse, Arts & Crafts, Clothing & Textiles, STEM, Horticulture, Shooting Sports)**

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

## Signatures

**Applicant:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_



### ACKNOWLEDGEMENT OF RISK

This form must be completed to participate 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/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 its activities and use of any equipment related to such as 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. Additionally, I am aware of the possibility that photos will be taken during 4-H activities and I consent to the use of photo images of my child's participation may be used for promotion in St. Lawrence County 4-H publications.

### CORNELL COOPERATIVE EXTENSION ST. LAWRENCE COUNTY

4-H Program year: October 1, 2025 –September 30, 2026

#### 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

All of the above

#### Cloverbud Members:

Cloverbud Activities

Cloverbud working with equine and other animal programs

All of the above

#### 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) is aware 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.

All of the above

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.

YOUTH'S NAME (print) \_\_\_\_\_

PARENT GUARDIAN NAME (print): \_\_\_\_\_

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# New York State 4-H Permission Slip

Information in this form will be used to help ensure a safe, positive experience for you and/or your child. Only Cornell Cooperative Extension and 4-H staff (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

Activity Date(s) and Location: NYS 4-H virtual and in-person Events for the 2025 4-H Year (October 1, 2025 – September 30, 2026) at Cornell University (including bowling, gym, and pool activities), NYS Fairgrounds, and other locations

Activity Director: CCE 4-H staff

## Participant Information (please print):

Participant's Name: \_\_\_\_\_

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

Check one: ☐ Youth ☐ Adult Volunteer ☐ CCE staff

If youth: Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Address (city, state, and zip code): \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

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

## Medical Release

### Family Medical and Hospitalization Coverage

Type of Insurance Coverage: \_\_\_\_\_

Subscriber of Policy: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Identification/Policy #: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

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

Medical History – *please check all that apply*

### Medical Conditions

- ☐ Ear Infections
- ☐ Rheumatic Fever
- ☐ Convulsions
- ☐ Diabetes
- ☐ Asthma
- ☐ Other (specify): \_\_\_\_\_

### Allergies

- ☐ Hay Fever
- ☐ Insect Stings
- ☐ Ivy Poisonings
- ☐ Penicillin
- ☐ Other (specify): \_\_\_\_\_

### Food Allergies/Dietary Restrictions

- ☐ Peanuts
- ☐ Milk
- ☐ Eggs
- ☐ Tree Nuts
- ☐ Seafood/Shellfish
- ☐ Gluten Products
- ☐ Other (specify): \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Current Prescribed Medication (specify): \_\_\_\_\_

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse's office. As needed, participants will request their medication from the nurse for self-administration. Any need for assistance (e.g., injection) will be referred to Gannett Health Center or closest medical facility.

Please specify any other health concerns, physical activity restrictions, and/or any other information you want 4-H staff and chaperones to be aware of on behalf of your child's welfare.



Participant Full Name (please print): \_\_\_\_\_

County: \_\_\_\_\_

Parent/Guardians

- 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.
- I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above.

Initials: \_\_\_\_\_

Adult Participants

I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

Initials: \_\_\_\_\_

**Communication Strategies**

CCE Staff or volunteers may use a variety of communication methods (for example: email, text messaging, and/or messaging through social media or apps) to support programming. For example, they may need to connect with a youth person at State Fair at curfew time or get together for a county photo at Career Explorations.

Parent Guardians - Check if you DO consent:

- ☐ Communications directly to your child
- ☐ Communications with parent/guardian cc-ed on message

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Adults - Check if you DO consent:

- ☐ Communications directly to yourself

Initials: \_\_\_\_\_

What is your preferred communication method(s)?

\_\_\_\_\_

**Photo Release**

Cornell University is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image, virtual programming, 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.

☐ Check here if you DO consent.

Initials: \_\_\_\_\_

**Program Evaluation Consent.**

Through participation in Cornell Cooperative Extension and 4-H programs, you or your child may be asked to complete a survey about their experiences in the program or activity. The New York State 4-H State Office at Cornell University regularly uses 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. A participant, parent, or guardian may withdraw consent at any time and a participant may refuse any survey request at any time.

☐ Check here if you DO consent.

Initials: \_\_\_\_\_



# New York State 4-H Youth Development

## Code of Conduct



[www.nys4-h.org](http://www.nys4-h.org)

Our first priority is to create a safe space for learning, sharing, and collaboration welcoming to all people from all backgrounds, cultures and perspectives. CCE actively supports equal educational and employment opportunities by promoting an environment free from discrimination.

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 the 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. **Respect and Dignity for all.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs.
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 behaviors 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 ensures 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.



# New York State 4-H Youth Development

## Code of Conduct cont.



[www.nys4-h.org](http://www.nys4-h.org)

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 the 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.**

\_\_\_\_\_  
**Signature of 4-H Youth or Adult**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian (if youth)**

\_\_\_\_\_  
**Date**

**4-H Program Year:** \_\_\_\_\_

Updated April 2025





## COVID- 19 Assumption of Risk, Waiver, and Release of Liability

I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognize that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me, my child, or my family, as a result of my child's participation in a Cornell University program, camp, or activity or as a result of my child's presence or my presence on Cornell University's campus (the "Activities"). I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the Activities.

## Monitoring and Supervision of Minor during Virtual Learning

I promise to provide a suitable non-public place, like my home, for my child to participate in the Program sessions and understand that Cornell University encourages parents to have someone over eighteen (18) years of age present or nearby my child during all Program sessions and for the entirety of each session. I further understand and acknowledge that, based on the fact that the Program sessions are occurring via web-conference or other online platform, neither Cornell University nor their faculty, staff, students, and volunteers are responsible for monitoring or supervising my child during the Program sessions.

## Permissions Granted

I hereby consent or 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.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_