

New 4-H Member Enrollment Packet



with

Cornell Cooperative Extension
Seneca County

Cornell Cooperative Extension in Seneca County provides equal program and employment opportunities.

Welcome to Seneca County 4-H!

It is very exciting to join a 4-H club; projects, meetings, events and specialty programs await you. Please complete your enrollment paperwork so you can get started in a club today!

The 4-H year officially begins on October 1st, however you can enroll as a new member at any time during the year. You must enroll within 30 days of attending your first 4-H meeting, activity or event or before the 2nd time participating in anything 4-H related.

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of the youth involved in the programs we offer, but it also provides liability coverage; any youth participating in a 4-H event, meeting, etc. must be enrolled or they are not covered. Enrollment in 4-H is not optional; it is required for participation.

Interested members and their parents should complete the enrollment form, New York State 4-H permission slip which includes the photo release and code of conduct forms. All forms and the enrollment fee of **\$15** per member or **\$30** per family of 3 or more for county residents or **\$20** per member and **\$35** per family for out of county residents should be submitted by January 1st each year in order to experience the 4-H year in its entirety. Fee waivers are available for those who may be experiencing economic hardship. New 4-H enrollments must be received by May 1st in order to participate in the County and State Fair.

Completed enrollment paperwork should be dropped off or mailed to the 4-H office at the address below, or handed in to the Club Leader.

Cornell Cooperative Extension of Seneca County
Attn: 4-H Office
369 East Main Street
Waterloo, NY 13165

If you have any questions regarding enrollment or need help with your paperwork, please feel free to contact us (see contact information on back page) at any time.

Sincerely,

Rachel R. Williams

Rachel Williams
4-H Youth Development Issue Leader

Cornell Cooperative Extension Seneca County

369 East Main Street
Waterloo, NY 13165
315-539-9251
seneca@cornell.edu
www.senecacountycce.org



Cornell Cooperative Extension of Seneca County 4-H MEMBER ENROLLMENT FORM Enrollment Year October 1 - September 30



CLUB NAME: _____ Date Enrolled: ____/____/____

PART I: DEMOGRAPHICS

Name: _____
(First) (Middle) (Last)

Gender: Male Female
(circle one) Birthdate: ____/____/____ Age: ____

School District: _____ School: _____ Grade: _____

Home #: (____) ____-____ Cell #: (____) ____-____ Email: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White or Caucasian ☐ Black or African-American ☐ Asian
☐ American Native/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Is enrollee from a military family? ☐ Yes ☐ No

If yes, please specify - Branch: _____ Status: _____

OFFICE USE ONLY

Date Rec'd: ____/____/____

Date Entered in ACCESS: ____/____/____

Amount Received: _____ Cash or Check #: _____

☐ County resident ☐ Individual (\$15) ☐ Family (\$30)
☐ Non-county resident ☐ Individual (\$20) ☐ Family (\$35)

PART 2: PARENT INFORMATION

PARENT 1

Legal Guardian: YES or NO

Name: _____ Email: _____

(Please fill in address *ONLY* if different from front page of form)

Home: (____) ____ - ____ Cell: (____) ____ - ____ Other: (____) ____ - ____

Home Address: _____
(Street) (City/Town) (State) (Zip)

PARENT 2

Legal Guardian: YES or NO

Name: _____ Email: _____

(Please fill in address *ONLY* if different from front page of form)

Home: (____) ____ - ____ Cell: (____) ____ - ____ Other: (____) ____ - ____

Home Address: _____
(Street) (City/Town) (State) (Zip)

PART 3: CHILD/CUSTODIAL RELEASE

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

Parent/Guardian: Please initial: _____

PART 4: ACKNOWLEDGEMENT OF RISK

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 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 this activity and is able to participate in any strenuous physical activity associated therewith.

CORNELL COOPERATIVE EXTENSION SENECA COUNTY

4-H Program Year: October 1, 20__ thru September 30, 20__

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 equine or other animal programs

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 Seneca 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 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, acknowledgements and agree ments herein, specifically including parts: #3 Custodial Release, #4 Photo Release, #5 Codes of Conduct, #6 Acknowledgement of Risk, #7 Signatures.

Youth Signature: _____

Date: ____/____/____

Parent/Guardian: _____
(please print name)

Parent/Guardian Signature: _____

Date: ____/____/____

General 4-H Events/Programs

October

Year End Project Records Due
National 4-H Week
National Science Experiments

November

CHAT Training
4-H Achievement Night
Seneca GR&EEN Electronics Recycling

January

Produced in New York State
Seneca GR&EEN Training

February

Shooting Sports Training
Public Presentations
Teen Winter Weekend

March

4-H Capital Days - Albany
March Dog Madness
District Public Presentations
Ag Literacy
4-H Expo
Horse Extravaganza
Dairy Quiz Bowl

April

State Teen Ambassador Representative Retreat-Syracuse
Vet College Open House
Seneca GR&EEN Electronics Recycling

May

State 4-H Forestry
Animal Crackers
Celebrate/Commemorate

June

Career Explorations - Cornell University
Animal Registration Paperwork Due

July

Seneca County Fair

August

Empire Farm Days Dairy Bar
Empire Farm Days State 4-H S.T.E.M. Booth
New York State Fair - Syracuse

September

Re-Enrollment Due
Open House on the Farm

CORNELL COOPERATIVE EXTENSION SENECA COUNTY

4-H YOUTH DEVELOPMENT

369 East Main Street
Waterloo, NY 13165

315-539-9251

seneca@cornell.edu

www.senecacountycce.org

4-H YOUTH DEVELOPMENT STAFF

Rachel R. Williams
4-H Youth Development Issue Leader
rrw33@cornell.edu

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Paige Podgorski
4-H Youth Development Educator
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NYS 4-H Code of Conduct

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

_____ Signature of 4-H Youth or Adult	_____ Date
_____ Signature of Parent/Guardian (if youth)	_____ Date

Participant Full Name (please print): _____

County: _____

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 Events for the 2016 4-H Year (October 1, 2015 – September 30, 2016) 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.

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.

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: _____

Initials: _____

Participant Full Name (please print): _____

County: _____

NYS 4-H Permission Slip (page 2)

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 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: _____

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: _____