2025-2026 CATTARAUGUS COUNTY 4-H YOUTH ENROLLMENT FORM

RE-ENROLLMENT DUE DECEMBER 15TH
NEW ENROLLMENT DUE MAY 1ST

ENROLLMENT FEE: \$10/CHILD OR \$25/FAMILY (3+ YOUTH)

MAKE CHECKS PAYABLE TO CCE OF CATTARAUGUS COUNTY

MAIL TO: CCE CATTARAUGUS

ATTN: 4-H OFFICE

28 PARKSIDE DRIVE, ELLICOTTVILLE, NY 14731

New Family Enrollment Re-Enro	ollment My information is the same as m		
All enrollments, please complete the follow	2024-2025 enrollment		
	wiiig		
Family Name (Last):			
Address:			
Town:	State: Zip Code:		
Parents/Guardian Information 1			
Name:	Relationship to member:		
Phone:	Email:		
Parents/Guardian Information 2			
Name:	Relationship to member:		
Phone:	Email:		
Emergency Contact Information 2			
Name:	Relationship to member:		
Phone:	Email:		
Second Family (if applicable)			
Family Name (Last):			
Address:			
Town:	State: Zip Code:		
Phone:	Email:		

For re-enrollment of youth who's information (demographics, school, military) remained the same from previous program year.

Youth 1

Name: Preferred Name:

Birthdate MM/DD/YYYY: 4-H Age (as of Jan. 1st 2026):

School Grade: Shirt Size (youth or adult):

Primary Club Name:

Secondary Club Name (if applicable):

Known allergies/illnesses:

Prescribed Medications:

Program Interests - circle all that apply:

Beef Cattle Rabbit/Cavy

Dairy Cattle
Dairy Steer/Feeder Calf

Cats Dogs Goats Horses

Horses Poultry/Waterfowl Sheep Swine

Dairy Judging/Bowl Horse Judging/Bowl/Hippology Livestock Judging/Skillathon Poultry Science/Avian Bowl Produce Horticulture STEM Natural Resources Visual Arts/Photography

Visual Arts/Photograp Food & Nutrition Textiles & Clothing Home Environment Hobby Crafts Fine Arts Expressive Arts

Fashion/Textile Revue

Jr. Superintendents (13+)

Youth 2

Name: Preferred Name:

Birthdate MM/DD/YYYY: 4-H Age (as of Jan. 1st 2026):

School Grade: Shirt Size (youth or adult):

Primary Club Name:

Secondary Club Name (if applicable):

Known allergies/illnesses:

Prescribed Medications:

Program Interests - circle all that apply:

Beef Cattle Rabi Dairy Cattle Shee Dairy Steer/Feeder Calf Swir

Cats Dogs Goats Horses Poultry/Waterfowl Rabbit/Cavy Sheep Swine

Dairy Judging/Bowl Horse Judging/Bowl/Hippology Livestock Judging/Skillathon Poultry Science/Avian Bowl Produce Horticulture STEM Natural Resources Visual Arts/Photography Food & Nutrition Textiles & Clothing Home Environment Hobby Crafts Fine Arts Expressive Arts

Fashion/Textile Revue

For re-enrollment of youth who's information (demographics, school, military) remained the same from previous program year.

Youth 3

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Prescribed Medications:

Program Interests - circle all that apply:

Beef Cattle Rabbit/Cavy

Dairy Cattle Dairy Steer/Feeder Calf

Cats Dogs Goats

Sheep Swine

Dairy Judging/Bowl Horse Judging/Bowl/Hippology Livestock Judging/Skillathon Poultry Science/Avian Bowl Horses Poultry/Waterfowl

Produce Horticulture **STEM**

Natural Resources Visual Arts/Photography Food & Nutrition Textiles & Clothing

Home Environment **Hobby Crafts** Fine Arts **Expressive Arts**

Fashion/Textile Revue

Jr. Superintendents (13+)

Youth 4

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Shirt Size (youth or adult): School Grade:

Primary Club Name:

Secondary Club Name (if applicable):

Known allergies/illnesses:

Prescribed Medications:

Program Interests - circle all that apply:

Beef Cattle Dairy Cattle Dairy Steer/Feeder Calf

Cats Dogs Goats Horses Poultry/Waterfowl Rabbit/Cavy Sheep Swine

Dairy Judging/Bowl Horse Judging/Bowl/Hippology Livestock Judging/Skillathon Poultry Science/Avian Bowl

Produce Horticulture STEM Natural Resources Visual Arts/Photography Food & Nutrition Textiles & Clothing

Home Environment **Hobby Crafts** Fine Arts **Expressive Arts**

Fashion/Textile Revue

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Name:			Preferred Name:	
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School Grade:			Shirt Size (youth or adult):	
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Secondary Club Nar	ne (if applicable):			
Known allergies/illne	esses:			
Prescribed Medication	ons:			
Program Interests -	circle all that apply:			
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Horses Livestock Judging/Skillathon ´´ Poultry/Waterfowl Poultry Science/Avian Bowl	Т	Textiles & Clothing	Jr. Superintendents (13+)	

Permission Granted - review pages 5-7 for additional signatures and below before signing

I hereby give permission to fully participate (subject to restrictions where noted) in Cornell Cooperative Extension (CCE) activities during the 4-H Program year of October 1st - September 30th.

I permit CCE the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me or my child participating in CCE programs or events. I agree to give up my rights with regards to CCE photos, videos, direct quotes, and/or audio clips of me for publicity, advertising, and promotion.

I further grant permission to the director or authorized designee of CCE program/event to dispense to my child any prescription medication they are currently taking.

I understand that I and/or the emergency contact provided will be notified in case of serious injury or illness. However, in the event that i cannot be reached, i hereby give my permission for my child(ren) to be medically treated by a physician or medical faculty as appropriate.

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. 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:

Parent/Guardian Signature:	Today's Date:
Youth 1 Signature:	
Youth 2 Signature:	
Youth 3 Signature:	
Youth 4 Signature:	
Youth 5 Signature:	

Acknowledgement of Risk - additional signature required below

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 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 4-H Members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

<u>Cornell Cooperative Extension of Cattaraugus County</u>

4-H Program Year: October 1- September 30

4-H Club Activity (Select anticipated program participation):

All 4-H activities and events for program year

Working with dogs *additional forms may be required prior to participation

Physical Fitness programs

Shooting Sports '*additional forms may be required prior to participation

CLOVERBUDS (youth 5-7 years old only):

Cloverbud activities

Cloverbud working with equine or other animal programs

4-H EQUINE (Horse) ACTIVITIES

Participating in an equine focused 4-H club

Working with equines beyond club level including clinics, camps, shows, etc.

Working with equines in mounted "over fences" activities.

I (the parent or legal guardian) am aware that my child will be participating in the 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension in Cattaraugus 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 in Cattaraugus County. 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.

List all youth enrolled with birthdate

,	
Parent/Guardian Signature:	Today's Date:
Youth 1 Name & DOB:	
Youth 2 Name & DOB:	
Youth 3 Name & DOB:	
Youth 4 Name & DOB:	
Youth 5 Name & DOB:	

Youth & Adult Code of Conduct - signatures on page 4

YOUTH CODE OF CONDUCT

4-H members participating in or attending club, county, regional, district, state and national programs, activities, events, shows, an contests sponsored for youth by the 4-H Youth Development Program of Cornell Cooperative Extension of Cattaraugus County are required to conduct themselves according to the Code of Conduct.

The following are not permitted at 4-H sponsored programs, activities, or events:

• Clothing printed with: Advertisement's for tobacco or alcohol, Inappropriate, lewd, or suggestive messages; Revealing clothing such as (but not limited to): Inappropriately short skirts or shorts; Revealing (including midriff-baring) tops; pants worn to show underwear.

Possession, consumption or distribution of alcohol.

Possession, use or distribution of illegal drugs; Possession or use of all tobacco products.

Possession or use of a weapon (except as part of an authorized shooting sports event or other staffauthorized use).

Possession or use of a harmful object with the intent to hurt or intimidate others.

Sexual activity.

Boys in girls 'dormitory or lodging areas and girls in boys' dormitory or lodging areas.

Cheating or misrepresenting project work.

Theft, destruction, or abuse of property.

Violation of an established curfew.

Unauthorized absence from program site.

Physical, verbal, emotional, or mental abuse of another person.

Other conduct deemed inappropriate for the youth development program by CCE of Cattaraugus County staff, or a 4-H volunteer.

If these conduct codes are violated, the following steps may be taken:

- The adult chaperone for the youth involved in the violation (extension staff or 4-H leader) will be made aware of the situation.
- The parent(s) may be called and arrangements made for transportation home at the parent's expense.

The 4-H'er may be barred or suspended from participating in 4-H.

When a violation occurs at a competitive event, 4-H members may be disqualified from the contest and may be ineligible for any awards. Competition in later contests may also be barred or suspended. In the case of an adult violation, the adult may be asked to leave the event.

If any laws are violated, the case may be referred to the police.

ADULT CODE OF CONDUCT

Cornell Cooperative Extension of Cattaraugus County Parents/Guardians (of youth involved with the CCE of Cattaraugus County programs) are expected to accept and adhere to the following standards of behavior when their child(ren) is/are engaged in CCE of Cattaraugus County Youth Development Program activities as stated here.

As a CCE of Cattaraugus Co Parent of Guardian I will:

Respect and adhere to the CCE of Cattaraugus County rules, policies and guidelines that relate to the specific CCE of Cattaraugus County Youth Programs. Conduct myself in an ethical manner.

Model kindness and compassion for others. Recognize the all young people have skills and talents that

can be used to help others and improve the community.

- Teach and model fair-mindedness by being open to ideas, suggestions and opinions of others. This includes the final opinions of judges/evaluators for all Youth Programs.
- Fulfill my parental/guardian duties, including completion of required records or reports, in a timely

Work cooperatively with CCE of Cattaraugus County staff and volunteers.

- Avoid and prevent put-downs, insults, name-calling, yelling and other verbal and non-verbal conduct as well as written items (including social networking, Internet, etc.) likely to offend, hurt or set a bad
- Be responsible for my behavior, exhibit good sportsmanship, use appropriate language and uphold exemplary standards of conduct at all CCE of Cattaraugus County youth activities.

 Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE of Cattaraugus County programs recognizing that people's values, beliefs. customs, and strengths differ.

Respect individuals of diverse backgrounds, cultures, perspectives.

Not possess, sell, offer, consume or use alcohol and/or controlled substances at CCE Cattaraugus County youth events/activities, or attend CCE Cattaraugus County youth activities under the influence of alcohol and/or controlled substances.

Model the importance of obeying the laws and rules as an obligation of citizenship and commit no illegal or abusive act.

Provide a safe environment, not carefully or intentionally harming youth or adults in any way: verbally, mentally, or physically.

Quality Assurance Pledge - signatures on page 4

All 4-H Members engaged in animal science activities are expected to review this pledge and do the best job they can do to understand and adhere to the following practices.

As a 4-H member of the Cattaraugus County Animal Science Program,

- I am learning the best ways to house, feed, manage, and care for animals.
- I am also learning about vaccination practices and health care procedures I can follow to protect my animals from becoming sick or injured.
- I will inspect facilities for cleanliness, animal comfort, safe methods of animal handling and restraint, etc.
- I will work with my veterinarian and follow their advice and recommendations with all prescription medications.
- I agree that I will strictly adhere to label directions when using any over-the-counter medications.
- I understand that many medications and treatments have withdrawal times that I
 must follow. Common medications or treatments include de-worming
 medicines, vaccinations, shots given to prevent diseases, and antibiotics used to
 treat diseases.
- I understand that drenching (forced pouring of liquid preparations down the throat of an animal) is not an appropriate means of nutrition.
- I will choose grooming products that I know are safe for humans and animals.
- I understand that some grooming products are not intended for market animals because they could contain residue-producing or carcinogenic chemicals.
- I will read product labels and I understand that some may be harmful to my animal and/or myself. (These may include but are not limited to: grooming products and pesticides). Two known harmful chemicals are methylene chloride and toluene.
- I will learn how to prepare livestock for market by calculating and adhering to proper withdrawal times for legal medications and treatments.
- I will learn how to follow state and federal animal identification regulations.
- I will be honest in reporting my knowledge about treatments before my animals are prepared for show, sale, market, or slaughter.
- I know one of the best ways to ensure a safe food supply is to only send animals to market that are clean, dry, and medication free.
- I will be caring in my relationships and will strive to do others no harm.
- I am aware that my actions and decisions affect others.
- I am aware that practices exhibited at non 4-H sponsored events may not be accepted at the county, district, state, and/or national level.

If I do not follow these practices,

I could be harming myself.

I could be harming other people.

I could be harming my animals.

I could be harming the food supply.

I could be asked to withdraw from participation in current and/or future 4-H Animal Science Activities.

Name:	Preferred Name:		
Address (if different from family address):			
Town:	State: Zip Code:		
Birthdate MM/DD/YYYY:	4-H Age (as of Jan. 1 st 2026):		
School Grade:	Shirt Size (youth or adult):		
School:			
District/County Located:			
Please circle the best description of your sc Public Charter Vocational Private Magnet Special Education	Homeschool Not in School		
Demographics - circle all that apply Male Female Prefer Not to State Farm Town/Rural Town/Suburb City Hispanic or Latino Non-Hispanic or Latino Prefer Not to State	atino Black/African American		
Military Service - circle all that apply I am serving I have a parent who is serving/retired I have a sibling who is serving/retired No one in my family is serving/retired	Air Force Marines Active Duty Army Space Force National Guard Navy DOD Citizen Reserves Coast Guard N/A		
Primary Club Name:			
Secondary Club Name (if applicable):			
Known allergies/illnesses:			
Prescribed Medications:			
Program Interests - circle all that apply: Beef Cattle Dairy Cattle Dairy Steer/Feeder Calf Cats Dogs Goats Horses Poultry/Waterfowl Rabbit/Cavy Sheep Swine Swine Caty Dairy Judging/Bowl Horse Judging/Bowl/Hippolo	Produce Horticulture STEM Natural Resources Visual Arts/Photography Food & Nutrition Textiles & Clothing Home Environment Hobby Crafts Fine Arts Expressive Arts Fashion/Textile Revue Jr. Superintendents (13+)		

Horses

Poultry/Waterfowl

Name: Preferred Name: Address (if different from family address): Town: State: Zip Code: 4-H Age (as of Jan. 1st 2026): Birthdate MM/DD/YYYY: School Grade: Shirt Size (youth or adult): School: District/County Located: Please circle the best description of your school: Public Charter Vocational Not in School Homeschool College/Trade School Private Magnet Special Education Demographics - circle all that apply Male Hispanic or Latino White/Caucasian Black/African American Female Non-Hispanic or Latino Prefer Not to State Prefer Not to State American Indian/Alaskan Native Native Hawaiian or Pacific Islander Farm Town/Rural Prefer Not to State Town/Suburb City Military Service - circle all that apply I am serving Air Force Marines Active Duty I have a parent who is serving/retired Army Space Force National Guard I have a sibling who is serving/retired Navy D'OD Citizen Reserves No one in my family is serving/retired Coast Guard N/A N/A Primary Club Name: Secondary Club Name (if applicable): Known allergies/illnesses: Prescribed Medications: Program Interests - circle all that apply: Rabbit/Cavy Beef Cattle Produce Home Environment Dairy Cattle Dairy Steer/Feeder Calf Sheep Horticulture **Hobby Crafts** Fine Arts Swine STEM Natural Resources **Expressive Arts** Dairy Judging/Bowl Horse Judging/Bowl/Hippology Dogs Visual Arts/Photography Fashion/Textile Revue Goats Food & Nutrition

Jr. Superintendents (13+)

Textiles & Clothing

Livestock Judging/Skillathon Poultry Science/Avian Bowl

Horses

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Livestock Judging/Skillathon Poultry Science/Avian Bowl

Food & Nutrition

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Youth 2 Signature:	
Youth 3 Signature:	
Youth 4 Signature:	
Youth 5 Signature:	