



## 4-H MEMBER ENROLLMENT FORM



### MEMBER INFORMATION:

<b>Last Name</b>		<b>First Name</b>	
<b>Preferred Name</b>		<b>Date of Birth</b>	
<b>E-Mail</b>		<b>Primary Phone</b>	
<b>Cell Phone</b>		<b>Work Phone</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact #</b>	
<b>Mailing Address</b>		<b>Mailing Address 2</b>	
<b>City</b>		<b>County of Residence</b>	
<b>State</b>		<b>Zip</b>	
<b>Receive E-Mail Newsletters</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

I consent to receiving texts from CCE. My cell carrier is \_\_\_\_\_

My cell phone number is \_\_\_\_\_

### PARENT/GUARDIAN 1 INFORMATION:

<b>Last Name</b>		<b>First Name</b>	
<b>Preferred Name</b>			
<b>Mobile Phone</b>		<b>Work Phone</b>	
<b>Mailing Address 1</b>		<b>Mailing Address 2</b>	
<b>City</b>		<b>County of Residence</b>	
<b>State</b>		<b>Zip</b>	
<b>Occupation</b>		<b>E-Mail</b>	
<b>Legal Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I consent to receiving texts from CCE. My cell carrier is \_\_\_\_\_

My cell phone number is \_\_\_\_\_

### PARENT/GUARDIAN 2 INFORMATION:

<b>Last Name</b>		<b>First Name</b>	
<b>Preferred Name</b>			
<b>Mobile Phone</b>		<b>Work Phone</b>	
<b>Mailing Address 1</b>		<b>Mailing Address 2</b>	
<b>City</b>		<b>County of Residence</b>	
<b>State</b>		<b>Zip</b>	
<b>Occupation</b>		<b>E-Mail</b>	
<b>Legal Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I consent to receiving texts from CCE. My cell carrier is \_\_\_\_\_  
My cell phone number is \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone: \_\_\_\_\_  
**RELATIONSHIP TO MEMBER:** \_\_\_\_\_

## DEMOGRAPHICS

<b>Ethnicity</b>	<b>Are you of Hispanic ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Prefer Not to State Native

<b>Residence</b>	<input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town/City 10,000-50,000 & Suburbs
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<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military
<b>Branch</b>	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
<b>Component</b>	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

<b>School:</b>	School Name: _____
<b>Grade</b> _____	School District: _____ <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Special Education <input type="checkbox"/> Charter School <input type="checkbox"/> Homeschool/Alternative <input type="checkbox"/> Magnet/Specialized School

<b>Status</b>	<input type="checkbox"/> New <input type="checkbox"/> Returning/Re-Enrollment
<b>Enrollment Category</b>	<input type="checkbox"/> Member <input type="checkbox"/> Cloverbud Date Enrolled: _____ 4-H Age: _____ Years in 4-H _____
<b>Enrollment Fee</b>	Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check Check # _____
<b>Is this individual a youth volunteer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this youth member a club officer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Club Officer Position: _____
<b>Forms Submitted</b>	<input type="checkbox"/> Photo Release <input type="checkbox"/> Acknowledgement of Risk <input type="checkbox"/> Code of Conduct

<b>EDUCATIONAL FOCUS</b>	
<b>Club Name</b>	
<b>Secondary Club</b>	
<b>Projects</b>	

## CODE OF CONDUCT

### **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

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.
  - c. *Do not leave the club/program site unless authorized by an approved Volunteer or Staff Member.*
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! *Complete project work by yourself whenever possible, with only guidance from adults, and do not misrepresent project work.*
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.
4. *Restorative practices and/or reimbursement of damages to property*

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

## **PARENTAL CONSENT/YOUTH ASSENT**

Through participation in Cornell Cooperative Extension and 4-H programs, youth may be asked to complete a survey about their experiences in the program or activity. In the New York State 4-H Office at Cornell University, we regularly use 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.

## **PHOTO RELEASE**

By signing the reverse side of 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.

## **ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

**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.*

## **CORNELL COOPERATIVE EXTENSION - VOLUNTEERS AND PROGRAM PARTICIPANTS**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50 (as of 7/7).

## **ACKNOWLEDGEMENT OF RISK**

**I understand Cornell Cooperative Extension of Westchester** has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent will not

become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Ulster County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

**ACKNOWLEDGEMENT OF RISK FORM – 4-H MEMBER**  
**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 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 five (5) for Cloverbud members and eight (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 Westchester County**

**DATE(S):** 4-H Program Year: October 1, 20\_\_ - September 30, 20\_\_ 4-H CLUB ACTIVITY

Check boxes for all anticipated program participation for member OR CLOVERBUD

For Members (youth 9-19 years old) <input type="checkbox"/> All 4-H activities and events for program year <input type="checkbox"/> Working with dogs <input type="checkbox"/> Physical Fitness programs <input type="checkbox"/> Shooting Sports	For Cloverbuds ( <i>youth 5-8 years old only</i> ): <input type="checkbox"/> Cloverbud activities <input type="checkbox"/> Cloverbud working with equine or other animal programs
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**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.**

**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 included in parts: Code of Conduct, Parental Consent/Youth Assent, Photo Release Acknowledgement of Risk, Signatures and Covid 19 Acknowledgment of Risk.

PARTICIPANT'S NAME (print): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**This form must be kept on file until participant reaches age twenty-one (21).**

**Cornell Cooperative Extension**  
**Westchester County**

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