



Cornell University
Cooperative Extension
Sullivan County

Cornell Cooperative Extension Sullivan County
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Cornell Cooperative Extension Sullivan County
4-H MEMBER ENROLLMENT FORM
Program Year October 1 - September 30, _____



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

PART 1: DEMOGRAPHICS

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

Birth Date: ____ / ____ / ____ 4-H Age: _____ Grade: _____
(age as of Jan. 1st, of the current year) School Name: _____

Home Phone: (____) _____ - _____ Members Email (if applicable): _____

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

Ethnicity: ____ Hispanic ____ Non-Hispanic **Gender:** Male Female
(circle one)

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

Residence-please circle: Farm Rural (under 10K) Town (10-50K) Suburb (over 50K) City (50K+)

Is enrollee from a military family? Yes OR No

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

OFFICE USE ONLY Date Received in Office: ____ / ____ / ____ Date Entered in Database: ____ / ____ / ____

Cornell Cooperative Extension is an equal opportunity educator, provider and employer.
Please contact our office if you have any special needs.

PART 2: PARENT INFORMATION**PARENT 1** Legal Guardian: Yes OR No

Name: _____ Parent E-mail: _____

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

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

Address: _____
(Street) (City/Town) (State) (Zip)**PARENT 2** Legal Guardian: Yes OR No

Name: _____ Parent E-mail: _____

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

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

Address: _____

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 Sullivan 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: PHOTO RELEASE

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 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.

Please Circle: Yes OR No Parent/Guardian: Please initial: _____

PART 5: CODE OF CONDUCT

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.
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.

PART 6: 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 SULLIVAN COUNTY

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

4-H Club Activity (please select anticipated program participation or list areas of interest, example: specific species, crafts, community service):

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

Cloverbud Members (youth age 5-7 years only) _____

- ☐ 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 Sullivan 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 7: SIGNATURES (required)

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, specifically including parts: #3 Custodial Release, #4 Photo Release, #5 Code of Conduct, #6 Acknowledgement of Risk, and #7 Signatures.

Youth Signature: _____ Date: ____ / ____ / ____

Parent/Guardian: _____
(please print name)

Parent/Guardian Signature: _____ Date: ____ / ____ / ____