Cornell University
Cooperative Extension
Sullivan County

Cornell Cooperative Extension Sullivan County
Gerald J. Skoda Extension Education Center
64 Ferndale-Loomis Road
Liberty, NY 12754
p: 845-292-6180
e: sullivan@cornell.edu
w: www.sullivancce.org

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/Caucassian _____ 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 University Cooperative Extension provides equal program and employment opportunities.
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

YOUTH CODE OF CONDUCT

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

Expected Behavior:

- All participants are expected to be responsive to the reasonable requests of the adult in charge at the time given. This includes following rules and regulations of the given event (for example: abiding by curfew).
- All participants are expected to participate in all of the planned programs, to be on time and follow through on assigned tasks/responsibilities in a manner that insures the safety, well-being, and quality of the educational experience for self and others.
- All participants will act in a mature, responsible manner, recognizing they are role models for others, and that they are representing themselves and the 4-H Youth Development Program.
- All participants will be dressed appropriately for the event. Dress will depend on the event and the guidelines provided for the event. Inappropriately revealing clothing, clothing printed with lewd /suggestive messages or promotions for tobacco or alcohol will not be permitted. If you are unsure about what is appropriate, in advance, contact the 4-H staff person in charge.
- All participants will be considerate and courteous of all youth and adults and their property during travel, at group gatherings, and during free time.
- All participants will respect the rights and opinions of others. CCE / 4-H youth development programming is open to diverse groups of youth. Some customs may be different than what one normally experiences.
- All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, or alcoholic beverages, firearms and or other weapons at all times. These are prohibited.
- All participants are to refrain from romantic displays, sexual activities, and harassment either in public or private situations. These actions will not be tolerated.

Consequences - Any of the following may be used, depending on severity of the situation.

1. In mild cases, youth participant will receive a verbal warning. Adult chaperone for the youth involved in the violation will be made aware of the situation.
2. Young person may remain at the event, but may possibly be barred from a future event.
3. The parent(s) may be called and arrangements made for transportation home at the parent's expense.
4. The 4-H'er may be barred from participating in 4-H.
5. 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.
6. If any laws are violated, the case may be referred to the police.

ADULT CODE OF CONDUCT

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

As a CCESC Parent or Guardian I will:

- Respect and adhere to CCESC rules, policies and guidelines that relate to specific CCESC Youth Programs and conduct myself in an ethical manner.
- Model kindness and compassion for others, recognizing all young people have skills and talents that can be utilized to help others and improve the community.
- Model and teach fair-mindedness by being open to the ideas, suggestions and opinions of others, including final opinions of judges/evaluators in all Youth Programs.
- Fulfill my parental/guardian duties, including completion of required records or reports, in a timely manner.
- Work cooperatively with CCESC Extension 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 example.
- Be responsible for my behavior, exhibit good sportsmanship, use appropriate language and uphold exemplary standards of conduct at all CCESC youth activities
- Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCESC programs recognizing that people's values, beliefs, customs, and strengths differ.
- Be respectful of individuals of diverse backgrounds, cultures, and perspectives.
- Not possess, sell, offer, consume or use alcohol and/or controlled substances at CCESC youth events/activities, or attend any CCESC youth activities or events 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 carelessly or intentionally harming youth or adults in any way: verbally, mentally, or physically.
- Be a positive role model for the behavior and expectations required of youth.

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 Conducts, #6 Acknowledgement of Risk, and #7 Signatures.

Youth Signature: _____ Date: ____/____/_____

Parent/Guardian: _____

(please print name)

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