

Participant Full Name: _____ County: Rockland

Cornell Cooperative Extension Rockland County 4-H Enrollment and 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 will be able to view this form, and the information will be used only as needed.

Year: 2026-2027

Club/Program: _____

Activity, Date(s), and Location: NYS 4-H virtual and in-person events for the 2026 4-H Year (October 1, 2026 - September 30, 2027) at Cornell University (including bowling, gym, and pool activities), NYS Fairgrounds, and other locations.

Participant Information (please print):

Participant's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Address: _____

Participant Cell Phone Number: _____ Participant Email: _____

School Type

- | | | |
|--|--|---|
| ☐ Public | ☐ Homeschool / Alternative | ☐ Private School |
| ☐ Special Education | ☐ Magnet / Specialized School | ☐ Charter School |

Gender	Are you of Hispanic ethnicity?	Race
☐ Male	☐ Yes	☐ White
☐ Female	☐ No	☐ Native Hawaiian or Pacific Islander
☐ Gender Identity not listed	☐ Prefer not to respond	☐ Black
☐ Prefer not to respond		☐ Asian
		☐ American Indian or Alaska Native
		☐ Prefer not to respond

Military Involvement

- ☐ No one in my family is serving in the military
☐ I have a parent serving in the military
☐ I have a sibling serving in the military

Branch Component

- | | | | |
|------------------------------------|--------------------------------------|---|-----------------------------------|
| ☐ Air Force | ☐ Army | ☐ Coast Guard | ☐ Marines |
| ☐ Navy | ☐ Active Duty | ☐ National Guard | ☐ Reserves |

Parent/Guardian 1 Name: _____ Email: _____

Address (if different than above): _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Email: _____

Address (if different than above): _____

Home Phone: _____ Cell Phone: _____

Participant Full Name: _____ **County:** Rockland

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	Allergies	Food Allergies/Dietary Restrictions
☐ Ear Infections ☐ Rheumatic Fever ☐ Convulsions ☐ Diabetes ☐ Asthma ☐ Other (specify):	☐ Hay Fever ☐ Insect Stings ☐ Ivy Poisonings ☐ Penicillin ☐ Other (specify):	☐ Peanuts ☐ Milk ☐ Eggs ☐ Tree Nuts ☐ Seafood/Shellfish ☐ Gluten Products ☐ Other (specify):

Date of Last Tetanus Booster: _____

Current Prescribed Medication (if applicable): _____

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.

What is your preferred communication method(s)?

Emergency Contact *(if parents/guardians are unavailable):* _____

Emergency Contact's Relationship to Youth: _____ **Phone:** _____

Parents/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.

Initials: _____

Participant Full Name: _____ **County:** Rockland

Photo Release

Cornell Cooperative Extension of Rockland County is granted permission to use and/or publish my or my child's photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses. 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 CCE and all persons acting under its 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. Cornell Cooperative Extension of Rockland County 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: _____

Monitoring and Supervision of Minor during Virtual Learning

I promise to provide a suitable non-public place, like my home, for my child to participate in the Program sessions and understand that Cornell University encourages parents to have someone over eighteen (18) years of age present or nearby my child during all Program sessions and for the entirety of each session. I further understand and acknowledge that, based on the fact that the Program sessions are occurring via web-conference or other online platform, neither Cornell University nor its faculty, staff, students, and volunteers are responsible for monitoring or supervising my child during the Program sessions.

Initials: _____

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Acknowledgement of Risk

I hereby apply for my child to participate in the indicated 4-H club and/or activity to be conducted by the Cornell Cooperative Extension of Rockland County 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.

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.

Parent/Guardian Signature: _____ **Date:** _____

New York State 4-H Youth Development

Code of Conduct



www.nys4-h.org

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.

New York State 4-H Youth Development

Code of Conduct cont.



www.nys4-h.org

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.

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

4-H Program Year: _____

Updated April 2025



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