Cornell Cooperative Extension
Washington County

# Youth Re-Enrollment Form

**4-H Year: 2026-27**

**Member Name**_____ **Birth Date**_____

**Gender** _____

**Mailing Address**_____**City**_____ **State**_____ **Zip**_____

**Primary Phone**_____ **Family Email**_____

**Member Email**_____

☐ **I give permission for direct email contact with my child**

**School**_____ **Grade**_____ **Shirt Size** _____
**(For various events)**

**Parent/Guardian**_____

**Emergency Contact**_____ **Relationship to Member**_____

**Emergency Contact Primary Phone**_____

**Club**_____ **Years of 4-H Completed** _____

☐ **(Enroll)**

**New or Additional Club**_____

**Projects Completed for 2025-2026:**

_____ _____

_____ _____

_____ _____

_____ _____

| Projects you plan to complete/work on this year: | Do you need any assistance from our office? |
|---|---|
| | ☐ Yes ☐ No |
| | ☐ Yes ☐ No |
| | ☐ Yes ☐ No |
| | ☐ Yes ☐ No |

**Member Signature**_____ **Date**_____

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

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# 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 risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of **5 by January 1st of the current year and in Kindergarten** required to participate in all 4-H activities.

## Photo and Image Release

Cornell Cooperative Extension of Washington County (CCE) 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.

**Please Circle: YES ☐ OR NO ☐**

## 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 their faculty, staff, students, and volunteers are responsible for monitoring or supervising my child during the Program sessions.

# 4-H Member's Code of Conduct

1. I will respect the rights and feelings of all members, leaders and guests of my 4-H club.
2. I will not use anyone else's things without permission.
3. I will cooperate with all reasonable requests made by leaders and other adults who help at my 4-H club and project meetings.
4. I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
5. I will not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
6. I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required by the leader or instructor for a project or activity.
7. When I choose to participate in county, district, state or national 4-H activities, I will obey the special rules that apply to those activities.

***I promise to obey this Code of Conduct*** _____
(Member's signature)

***I promise to obey this Code of Conduct*** _____
(Member's signature)

***I promise to obey this Code of Conduct*** _____
(Member's signature)

By signing this form, I agree it is my intention to have my child participate in all 4-H Activities and I have read and affirm the Acknowledgement of Risk, Photo & Image Release, Virtual Learning and 4-H Member's Code of Conduct, for regular 4-H members for 4-H Program Year: October 1, 20___ – September 30, 20___ 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(ren) named herein.

**Participant's Name (print)** _____

**Participant's Name (print)** _____

**Participant's Name (print)** _____

_____I do not want the 4-H office to reveal my name, address, or phone number as part of a public record or list.

**Parent/ Guardian Name (print):** _____

**SIGNATURE:** _____ **DATE:** _____

This form will be kept on file until participant(s) reaches age 21.