Lewis County 4-H Program
Member Enrollment

OFFICE USE ONLY
Date Received: _____/_____/____
Amount Received: $ _____
Cash or Check: #_____

Category: ☐ New Enrollment ☐ Re-Enrollment
Category: ☐ Member (Youth ages 8-19) ☐ Cloverbud (Youth ages 5-7

Personal Information

First Name: _____ Last Name: _____ MI: _____

Preferred Name: _____ Birth Date: _____ Gender: ☐ Male ☐ Female

Email: _____

Home Phone: _____ Cell Phone: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

County: _____

Emergency Contact- Name: _____ Phone: _____
Relationship: _____

Parent Information

First Name: _____ Last Name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Parent 2 *(Please include address information if different from above)*

First Name: _____ Last Name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Enrollment

Ethnicity Are you of Hispanic ethnicity? ☐ No ☐ Yes (optional – please indicate both an ethnicity and race)

Race
- ☐ White
- ☐ Black
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Prefer Not to State

Residence
- ☐ Farm
- ☐ Town under 10,000 and rural
- ☐ Town/City 10,000 – 50,000 and its suburbs
- ☐ Suburb or city more than 50,000
- ☐ Central city more than 50,000

Military
- ☐ 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 ☐ Air Force ☐ Army ☐ Coast Guard ☐ DOD Civilian ☐ Marines ☐ Navy

Component ☐ Active Duty ☐ National Guard ☐ Reserves

School Name _____ **Grade** _____

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

Club Information

PRIMARY Club Name _____ Or Independent Member (circle)

Has leader approved: ☐ Yes ☐ No ☐ Have not contacted them

Club Name #2: _____

Has leader approved: ☐ Yes ☐ No ☐ Have not contacted them

☐ Staying independent
☐ Looking to join a club
My interest is in: _____
☐ Interested in starting a club

4-H Project Enrollments

SELECT ONLY ONE project you intend to work on (for enrollment purposes)…additional projects will be added later.

4-H Members must complete at least one project a year! 4-H Curriculum, Kits and Resources are available. A project is: a planned series of experiences in one topic in which members learn information and develop skills. A project record form needs to be completed by the end of the year.

- ❒ Animal Science
  - ❒ Beef
  - ❒ Dairy
  - ❒ Dog
  - ❒ Goats
  - ❒ Horses
  - ❒ Poultry
  - ❒ Rabbits/ Cavies
  - ❒ Sheep
  - ❒ Swine
- ❒ Citizenship
  - ❒ Cultural Education
  - ❒ History/Government
  - ❒ Community Service
- ❒ Personal Development
  - ❒ Leadership Skills
  - ❒ Reading Literacy
  - ❒ Career Exploration
  - ❒ Public Speaking
- ❒ Communicative & Expressive Arts
  - ❒ Communication/Radio/TV
  - ❒ Writing
  - ❒ Dance
  - ❒ Drama/Theater
  - ❒ Music/Sound
  - ❒ Arts/Crafts
  - ❒ Photography/Video
- ❒ Cloverbuds *(5 to 7 year olds)*
- ❒ Health & Nutrition
  - ❒ Cooking/Nutrition
  - ❒ Fitness/Sports
  - ❒ Outdoor Recreation
  - ❒ Adventure/Challenge
- ❒ Food Safety & Preservation
- ❒ Personal Safety
  - ❒ First Aid
  - ❒ Emergency Preparedness
  - ❒ Bicycle Safety
  - ❒ ATV Safety
  - ❒ Tractor Safety
- ❒ Consumer & Family Science
  - ❒ Child Care/Babysitting
  - ❒ Financial Literacy
  - ❒ Home Envt. /Improvement
- ❒ Biological Science
  - ❒ Entomology/Bees
  - ❒ Aquatic Science
- ❒ Technology & Engineering
  - ❒ Aerospace /Rocketry
  - ❒ Computers
  - ❒ Electricity
  - ❒ Renewable Energy
  - ❒ Geospatial Science/GIS/GPS
  - ❒ Robotics
  - ❒ Wood Science/Woodworking
- ❒ Physical Sciences
  - ❒ Chemistry, Math, Physics
- ❒ Environmental Education
  - ❒ Composting
  - ❒ Conservation
  - ❒ Forestry
  - ❒ Shooting Sports
  - ❒ Recycling
  - ❒ Weather/Climate
  - ❒ Wildlife/Fisheries
- ❒ Plant Science
  - ❒ Container Gardening
  - ❒ Flowers/House Plants
  - ❒ Fruits/Vegetable Gardening
  - ❒ Landscape/Horticulture
  - ❒ Plant Science
- ☐ Other _____

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, acknowledge and agreements including the following parts: Code of Conduct and Photo Release.

Parent/ Guardian Signature: Date:

***** DON'T FORGET TO INCLUDE YOUR $10 INDIVIDUAL /$25 FAMILY (3 OR MORE) ENROLLMENT FEE *****

Late fees are assed for re-enrollments only after January 31st. Re-enroll 2/1 – 5/1 add $5 per youth.

Youth must be enrolled by May 1st to participate in County Fair

New York State 4-H 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 (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

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

Activity Director: CCE 4-H staff

Participant Information (please print):

Participant's Name: _____ Date of Birth: _____

Check one: ❑ Youth ❑ Adult Volunteer ❑ CCE staff

If youth: Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Address (city, state, and zip code): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

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
- ❑ Ear Infections
- ❑ Rheumatic Fever
- ❑ Convulsions
- ❑ Diabetes
- ❑ Asthma
- ❑ Other (specify): _____

Allergies
- ❑ Hay Fever
- ❑ Insect Stings
- ❑ Ivy Poisonings
- ❑ Penicillin
- ❑ Other (specify): _____

Food Allergies/Dietary Restrictions
- ❑ Peanuts
- ❑ Milk
- ❑ Eggs
- ❑ Tree Nuts
- ❑ Seafood/Shellfish
- ❑ Gluten Products
- ❑ Other (specify): _____

Date of Last Tetanus Booster: _____

Current Prescribed Medication (specify): _____

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse's office. As needed, participants will request their medication from the nurse for self-administration. Any need for assistance (e.g., injection) will be referred to Gannett Health Center or closest medical facility.

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.

Participant Full Name (please print):_____ County: _____

Parent/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.
- I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above.

Initials: _____

Adult Participants

I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

Initials: _____

Photo Release

Cornell University is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image, virtual programming, or any other media) for educational purposes on their respective websites or for the promotion of their respective programs. 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 Cornell Cooperative Extension, Cornell University, and all persons acting under their 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 initial here if you give permission for photographs of the 4-H member named on this form to be used by 4-H: _____

If you do not consent, please leave this line blank.

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. The New York State 4-H State Office at Cornell University 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.

If you consent to participate in the program evaluation, please initial here: _____

If you do not consent, please leave this line blank.

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.

Permissions Granted

I hereby consent or give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.

Parent/Guardian or Adult Participant Signature:_____ Date: _____

NYS 4-H Code of Conduct

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.

Bronfenbrenner Center for Translational Research

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.

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

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 insures 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 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:	**October 1, 2026 to September 30, 2027**

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_____required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of Lewis County DATE(S):

4-H Program Year: October 1 ,2026 – September 30,2027

4-H CLUB ACTIVITY (Select anticipated program participation):

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

For Cloverbuds (youth 5-8 years old only):

- ☐ Cloverbud activities
- ☐ Cloverbud working with equine or other animal programs.

CLUB EQUINE ACTIVITY:

- ☐ 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 or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension 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.
- ☐ All of the above

LEWIS COUNTY FAIR:

The Lewis County Fari provides many opportunities for youth participation. Due to the complexities of this week long event, the Lewis County 4-H Program wants to inform parents that Lewis County 4-H is not responsible for youth unless they are working for a 4-H Staff. Examples of such activities include being a junior superintendent or being/scheduled for a 4-H duty/assignment. 4-H is only responsible for them during their scheduled work shift/duty/assignment at the fair.

4-H does not recommend or condone youth sleeping overnight in the animal barns and at no time will provide supervision or assume responsibility of youth during night time hours.

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.

PARTICIPANT'S NAME (print) _____ DATE OF BIRTH: _____

ADDRESS:_____

PARENT GUARDIAN NAME (print): _____

SIGNATURE:_____DATE: _____

This form must be kept on file until participant reaches age 21. F.O.R.M Code 1501 2018 Edition