



Cornell Cooperative Extension Chemung County

4-H MEMBER ENROLLMENT FORM Enrollment

Year October 1st thru September 30th



CLUB NAME: _____

Date Enrolled: ___/___/___

PART 1: DEMOGRAPHICS

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

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

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:

Rural/Town: under 10K Town: 10k - 50K Farm Suburb: over 50K City: over 50K

Is enrollee from a military family? Yes OR No

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

OFFICE USE ONLY

Date Received ___/___/___

Amount Received: _____ Cash or Check: # _____

Date Entered in ACCESS: ___/___/___

Date Received in office: (date stamp)

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 Chemung 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: _____



Cornell University
Cooperative Extension
Chemung County

425 Pennsylvania Avenue
Elmira, NY 19404
607-734-4453
607-734-7740

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

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 Chemung County are required to conduct themselves according to the following Code of Conduct.

The following are not permitted at 4-H sponsored programs, activities, or events:

- ❖ Clothing printed with:
 - ♦ Advertisements for tobacco or alcohol
 - ♦ Inappropriate, lewd, or suggestive messages
- ❖ Revealing clothing such as (but not limited to):
 - ♦ Inappropriately short skirts or shorts;
- ❖ Revealing (including midriff-baring) tops;
 - ♦ Pants worn to show underwear
- ❖ Possession, consumption or distribution of alcohol.
- ❖ Possession, use, or distribution of illegal drugs.
- ❖ Possession or use of all tobacco products.
- ❖ Sexual activity.
- ❖ Cheating or misrepresenting project work.
- ❖ Theft, destruction, or abuse of property.
- ❖ Violation of an established curfew.
- ❖ Unauthorized absence from program site.
- ❖ Physical, verbal, emotional, or mental abuse of another person.
- ❖ Possession or use of a weapon (except as part of an authorized shooting sports event or other staff-authorized use).
- ❖ Possession or use of a harmful object with the intent to hurt or intimidate others.
- ❖ Other conduct deemed inappropriate for the youth development program by Cornell Cooperative Extension Chemung County staff, or a 4-H volunteer leader.

If this code is violated, the following steps may be taken:

- ❖ The adult chaperone for the youth involved in the violation (extension staff or 4-H leader) will be made aware of the situation.
- ❖ The parent(s) may be called and arrangements made for transportation home at the parent's expense.
- ❖ The 4-H'er may be barred from participating in 4-H.
- ❖ 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.
- ❖ If any laws are violated, the case may be referred to the police.

ADULT CODE OF CONDUCT

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

As a CCECC Parent or Guardian I will:

- ❖ Respect and adhere to CCECC rules, policies and guidelines that relate to specific CCECC Youth Programs. Conduct myself in an ethical manner.
- ❖ Model kindness and compassion for others. Recognize that all young people have skills and talents that can be used to help others and improve the community.
- ❖ Teach and model fair-mindedness by being open to ideas, suggestions and opinions of others. This includes the final opinions of judges/evaluators for all Youth Programs.
- ❖ Fulfill my parental/guardian duties, including completion of required records or reports, in a timely manner.
- ❖ Work cooperatively with Chemung County 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 CCECC youth activities
- ❖ Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCECC programs recognizing that people's values, beliefs, customs, and strengths differ.
- ❖ Respect individuals of diverse backgrounds, cultures, and perspectives.
- ❖ Not possess, sell, offer, consume or use alcohol and/or controlled substances at CCECC youth events/activities, or attend CCECC youth activities 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.

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 CHEMUNG COUNTY

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

4-H Club Activity (please select anticipated program participation):

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

Cloverbud Members

- 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 Chemung 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

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 agree ments herein, specifically including parts: #3 Custodial Release, #4 Photo Release, #5 Code of Conducts, #6 Acknowledgement of Risk, #7 Signatures.

Youth Signature: _____ Date: ____/____/____

Parent/Guardian: _____
(please print name)

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

Cornell Cooperative Extension-Chemung County
Permission Slip and Medical Release Form

Please print:

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____

Phone _____ Cell phone: _____ Work: _____

Email: _____ Club: _____

Activity: Chemung County 4-H program year **Date(s):** Oct 1 – Sept 30 20__ **Location(s):** Chemung County 4-H Program

Medical History or concerns for the 4-H program – (include items such as allergies, or diagnoses)

Current prescribed medication (specify):

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Name of Medical Insurance Company or Government Program (Medicaid, etc.) _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

Permissions Granted

1. I hereby 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.
2. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
3. 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.

Signature _____ Date _____

Parent or Guardian

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