



Member Information:

Last Name	First Name
Preferred Name	Date of Birth (Youth Only)
Email	Primary Phone
Cell Phone	Work Phone
Emergency Contact Name	Emergency Contact #
Mailing Address	Mailing Address 2
City	County (of residence)
State	Zip
Township	M.I
Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity not listed <input type="checkbox"/> Prefer not to respond

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 1 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name	First Name
M.I	Preferred Name
Mobile Phone	Work Phone
Mailing Address 1	Mailing Address 2
City	County (of residence)
State	Zip
Occupation	Email
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 2 Information:**FOR OFFICE USE ONLY: Family ID:** _____

Last Name	First Name
M.I	Preferred Name
Mobile Phone	Work Phone
Mailing Address 1	Mailing Address 2
City	County (of residence)
State	Zip
Occupation	Email
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ **My cell phone number is:** _____**ES 237 Demographics:**

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State

**NYS 4-H Member Enrollment Form**

Residence	<input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Town /City 10,000-50,000 & suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a parent serving in the military
Branch Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
Grade	_____ School Name _____	
School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Homeschool/Alternative	

(Youth Only)

- ☐ Private School
☐ Special Education

- ☐ Magnet/ Specialized School
☐ Charter School

Enrollment Information:

Status	<input type="checkbox"/> New <input type="checkbox"/> Returning/ Re-Enrollment		
Enrollment Category	<input type="checkbox"/> Member <input type="checkbox"/> Cloverbud	Club: _____	
	Date Enrolled: _____	4-H age: _____	Years In 4-H: _____
Enrollment Fee (if applicable)	Paid : <input type="checkbox"/> Yes <input type="checkbox"/> No Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check		
	Check #: _____		
Is this individual a Youth Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Youth member a club officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Club Officer position: _____		
Forms Submitted	<input type="checkbox"/> Photo Release <input type="checkbox"/> Acknowledgement of Risk <input type="checkbox"/> Code of Conduct From		

Educational Focus:

Clubs	<input type="checkbox"/> Enroll	
	(New Club): _____	(New Club): _____
	(New Club): _____	(New Club): _____
Projects	<input type="checkbox"/> Enroll	
	(New Project): _____	(New Project): _____
	(New Project): _____	(New Project): _____
	(New Project): _____	(New Project): _____
	(New Project): _____	(New Project): _____

Activities

Certifications

Project Area	2020-2021	2021-2022
Aerospace		
Ag in the Classroom		
Agriculture Literacy		
Animal Science		
Animals		
Aquaculture		
Aquatic Science		
Astronomy		
ATV Safety		
Beef Cattle		
Bicycle Safety		
Birds and Poultry		
Career Exploration and Employability		
Cats		
Child Development, Child Care, Babysitting		
Citizenship		
Civic Engagement		
Clowning, Mime		
Communication Arts		
Communications and Expressive Arts		
Community / Volunteer Service		
Community Service		
Composting		
Computer Technology		
Consumer and Family Science		
Crops and Weeds		
Culinary Skills/Food Preparation		
Cultural Education		
Dairy Cattle		
Dance, Movement		
Dogs		
Drama, Theater		
Drawing, Painting, Sculpting		
Earth, Water, and Air		
Electric		
Energy		
Engines, Tractors, Field		
Entomology and Bees		
Entrepreneurship		

Please Check the box for the program year that you have completed the project or plan to participate in.

Project Area	2020-2021	2021-2022
Environmental Education / Earth Sciences		
Environmental Stewardship		
Exploratory 4-H Projects		
Fiber Science (Clothing and Textiles)		
Fitness and Sports		
Flower Gardening and House Plants		
Food Preservation		
Food Safety		
Food Science		
Forestry		
Forests and Wildlife		
Gardens- Fruit, Vegetable		
Geology and Minerals		
Goats		
GPS/GIS		
Graphic Arts, Displays, Exhibits		
Growth, Development, and Disease		
Health		
History		
Hobbies and Collections		
Home Environment, Home Improvement		
Home Nursing, First Aid, CPR		
Horse, Pony		
Incubation and Embryology		
Intergenerational Programming		
Junior Master Gardener		
Leadership and Personal Development		
Leadership Skills Development		
Llama and Alpacas		
Marine Science		
Mathematics		
Meat Animal Science		
Mechanical Engineering & Industrial Arts		
Mental and Emotional Health		
Music, Sound		
Ornamental Horticulture		
Other Emergency Preparedness		

Project Area	2020-2021	2021-2022
Other Fitness/Sports/Outdoor Activity		
Other Nutrition Activity		
Parenting and Family Life Education		
Pathways to Science through Nature		
Performing Arts		
Personal Development		
Personal Roles and Responsibilities		
Personal Safety		
Photography, Video		
Physical Health		
Physical Sciences		
Plant Science		
Plants		
Poultry		
Problem Solving Skills		
Public Presentations/Speaking/Radio/TV		
Rabbits, Cavies		
Radio, TV		
Range Science		
Reading Literacy		
Reading LiteracySelect		
Recycling		
Robotics		
Science and Technology Literacy		
Service Learning		
Sexual Health		
Sheep		
Shooting Sports		
Shooting Sports Archery		
Shooting Sports BB		
Shooting Sports Hunter Safety		
Shooting Sports Hunting/Wildlife		
Shooting Sports Muzzleloader		
Shooting Sports Pistol		
Shooting Sports Rifle		
Shooting Sports Shotgun		
Shooting Sports Volunteer Training		
Small Animals, Pocket Pets, Lab Animals		

Project Area	2020-2021	2021-2022
Social Recreation Skills		
Social-Emotional Wellness		
Soils and Conservation		
Spaces		
State Geospatial Science and Technology Project		
Substance Use/Abuse Prevention		
Sustainable and Renewable Energy		
Sustainable Polymers		
Swine		
Technology and Engineering		
Tractor and Machinery Safety		
Veterinary Science		
Visual Arts		
Volunteerism		
Waste Management		
Water		
Weather and Climate		
Wild Birds		
Wild Edibles		
Wildlife and Fisheries		
Wood Sci and Ind Arts		

Photo and Image Release

Cornell Cooperative Extension of _____ 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.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward: (PRINT) _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____ Date: _____

Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.

Cornell Cooperative Extension of Franklin County
Permission Slip and Medical Release Form

Please Print:

Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

Activity 4-H Events Date(s) 2021-2022 Location(s) Franklin County

Activity Director Franklin County 4-H Staff

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster _____

Illnesses

{ } Ear Infections
{ } Rheumatic Fever
{ } Convulsions
{ } Diabetes
{ } Other (specify) _____

Allergies

{ } Hay Fever
{ } Insect Stings
{ } Ivy Poisonings
{ } Penicillin
{ } Food _____
{ } Other (specify) _____

Current prescribed medication (specify) _____

On a separate sheet of paper, 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.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

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. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

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.

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

Acknowledgement of Risk Form – 4-H Member/Equine Member
This form must be completed to participate in 4-H Equine clubs and related activities.

This form may be completed during 4-H enrollment for the full program year for 4-H equine activities and events designated below at the club, county, multiple county, regional, 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 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 eight (8) for regular 4-H Equine club members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of Franklin **County**

DATE(S): 4-H Program Year: October 1, 2021 - September 30, 2022

4-H 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 three (3) foot in any of the 4-H activities.*
- ☐ All of the above

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 twenty-one (21).



Acknowledgement of Risk Form – 4-H Member – Non-Horse Club

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 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.

Cornell Cooperative Extension of Franklin County

DATE(S): 4-H Program Year: October 1, 2021 - September 30, 2022 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

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 twenty-one (21).





Franklin County
Club Form

4-H MEMBER CODE OF CONDUCT

The 4-H Program Committee has adopted the following policy, which applies to all Franklin County 4-H members currently enrolled in a 4-H Club. This form must be signed and sent to the 4-H Office with the club enrollment forms each program year.

- 1.) Use of illegal drugs or alcoholic beverages by youth participating in 4-H sponsored events or club activities will not be allowed. Any youth found to be using or consuming either drugs or alcohol will be sent home at the parent's expense.
- 2.) 4-H members will not be allowed to use tobacco products at any 4-H club activity or in Extension owned, leased or rented vehicles.
- 3.) Romantic displays, either public or private, are not considered appropriate behavior at 4-H events.
- 4.) All participants at 4-H events are expected to observe the specific rules set up for that event, including (but not limited to) curfew times, remaining in assigned rooms, being at the proper place at the proper time, and keeping chaperones informed of health or other Program.
- 5.) All 4-Hers will represent Cornell Cooperative Extension of Franklin County's 4-H Program with dignity and pride. Members will respect other members, parents, leaders, and volunteers, extension educators and professionals involved with the 4-H program.
- 6.) All 4-H participants are expected to show a good attitude, listen attentively to speakers or tour guides, ask questions when the opportunity arise, be cooperative with a willingness to "give and take" when decisions are being made.
- 7.) 4-H members will refrain from use of *excessive* profanities.
- 8.) 4-H Members will be respectful of differences in religion, culture race and customs of the people they come in contact with while attending any 4-H sponsored event.

Club Name

Organizational Leader

Date

Members Signature

Parent/guardian