



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:** \_\_\_\_\_

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

<b>Ethnicity</b>	<b>Are you of Hispanic ethnicity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race</b>	<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**

<b>Residence</b>	<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
<b>Military</b>	<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
<b>Branch Component</b>	<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	
<b>Grade</b>	_____ <b>School Name</b> _____	
<b>School Type</b>	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool/Alternative

**(Youth Only)**

- Private School
- Special Education

- Magnet/ Specialized School
- Charter School

**Enrollment Information:**

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

**Educational Focus:**

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



# 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.

## 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.



- 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.**

<b>Signature of 4-H Youth or Adult</b>	<b>Date</b>
<b>Signature of Parent/Guardian (if youth)</b>	<b>Date</b>
<b>4-H Program Year:</b>	<b>October 1, 2023 to September 30, 2024</b>

**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 \_\_\_\_\_ County**

**DATE(S):** 4-H Program Year: October 1, 20\_\_ - September 30, 20\_\_

**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 \_\_\_\_\_ County**

**DATE(S):** 4-H Program Year: October 1, 20\_\_ - September 30, 20\_\_ 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).**

F.O.R.M. Code 1501  
2018 Edition



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 \_\_\_\_\_ Date(s) \_\_\_\_\_ Location(s) \_\_\_\_\_

Activity Director \_\_\_\_\_

**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*



## Photo and Image Release

Cornell Cooperative Extension of Franklin 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.

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.*