



## 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****4-H Year: 2022-2023**

<b>Residence</b>	<input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town /City 10,000-50,000 & suburbs
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling 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:

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	

Youth Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leader Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK

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/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 its activities and use of any equipment related to such as 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 for Cloverbud members and 8 for regular members required to participate in this activity and is able to participate in any strenuous physical activity. Additionally, I am aware of the possibility that photos will be taken during 4-H activities and I consent to the use of photo images of my child's participation may be used for promotion in St. Lawrence County 4-H publications.

### CORNELL COOPERATIVE EXTENSION ST. LAWRENCE COUNTY

4-H Program year: October 1, 2022 –September 30, 2023

#### 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
- ☐ All of the above

#### Cloverbud Members:

- ☐ Cloverbud Activities
- ☐ Cloverbud working with equine and other animal programs
- ☐ All of the above

#### 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) is aware 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

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.

YOUTH'S NAME (print) \_\_\_\_\_

PARENT GUARDIAN NAME (print): \_\_\_\_\_

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



*Building Strong and Vibrant New York Communities*

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.

# 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 2022 4-H Year (October 1, 2022 – September 30, 2023) 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: \_\_\_\_\_

**Communication Strategies**

CCE Staff or volunteers may use a variety of communication methods (for example: email, text messaging, and/or messaging through social media or apps) to support programming. For example, they may need to connect with a youth person at State Fair at curfew time or get together for a county photo at Career Explorations.

Parent Guardians - Check if you DO consent:

- ☐ Communications directly to your child
- ☐ Communications with parent/guardian cc-ed on message

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Adults - Check if you DO consent:

- ☐ Communications directly to yourself

Initials: \_\_\_\_\_

What is your preferred communication method(s)?

**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.

☐ Check here if you DO consent.

Initials: \_\_\_\_\_

**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.

☐ Check here if you DO consent.

Initials: \_\_\_\_\_

## COVID- 19 Assumption of Risk, Waiver, and Release of Liability

I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognize that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me, my child, or my family, as a result of my child's participation in a Cornell University program, camp, or activity or as a result of my child's presence or my presence on Cornell University's campus (the "Activities"). I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the Activities.

## 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.

## 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>	<u><b>October 1, 2022 to September 30, 2023</b></u>