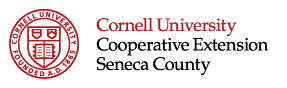
**New 4-H Member Enrollment Packet**



**with**



**Welcome to Seneca County 4-H!**

It is very exciting to join a 4-H club; projects, meetings, events and specialty programs await you. Please complete your enrollment paperwork so you can get started in a club today!

The 4-H year officially begins on October 1st, however you can enroll as a new member at any time during the year. You must enroll within 30 days of attending your first 4-H meeting, activity or event or before the 2nd time participating in anything 4-H related.

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of the youth involved in the programs we offer, but it also provides liability coverage; any youth participating in a 4-H event, meeting, etc. must be enrolled or they are not covered. Enrollment in 4-H is not optional; it is required for participation.

Interested members and their parents should complete the enrollment form, medical release, acknowledgement of risk, photo release and code of conduct forms. All forms and the enrollment fee of **$15** per member or **$30** per family of 3 or more for county residents or **$20** per member and **$35** per family for out of county residents should be submitted by January 1st each year in order to experience the 4-H year in its entirety. Fee waivers are available for those who may be experiencing economic hardship.

Completed enrollment paperwork should be dropped off or mailed to the 4-H office at the address below, or handed in to the Club Leader.

**Cornell Cooperative Extension Seneca County**

**Attn: 4-H Office**

**308 Main Street Shop Centre**

**Waterloo, NY 13165**

If you have any questions regarding enrollment or need help with your paperwork, please feel free to contact us (see contact information on back page) at any time.

Sincerely,

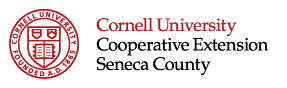
Rachel R. Williams

Rachel Williams

4-H Youth Development Resource Educator

|  |  |  |  |
| --- | --- | --- | --- |
| 4h_greenlogo.jpg4h_greenlogo.jpg  **Cornell Cooperative Extension of Seneca County**  **4-H MEMBER ENROLLMENT FORM**  **Enrollment Year October 1 - September 30** | | | |
| CLUB NAME: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Enrolled: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **PART I: DEMOGRAPHICS** | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| (First) (Middle) (Last) | | | |
| Gender: Male Female Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ | | | |
| (circle one) | | | |
| School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_  Home #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity: □ Hispanic □ Non-Hispanic | | | |
| Race: □ White or Caucasian □ Black or African-American □ Asian  □ American Native/Alaskan Native □ Native Hawaiian or Other Pacific Islander | | | |
| Is enrollee from a military family? □ Yes □ No  If yes, please specify - Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **OFFICE USE ONLY**  Date Rec'd: \_\_\_/\_\_\_/\_\_\_ Amount Received: \_\_\_\_\_\_\_\_\_ Cash or Check #: \_\_\_\_\_\_\_\_\_  Date Entered in ACCESS: \_\_\_/\_\_\_/\_\_\_ □ County resident ○ Individual ($15) ○Family ($30)  □ Non-county resident ○ Individual ($20) ○Family ($35) |



308 Main Street Shop Centre

Waterloo, NY 13165

Phone: (315) 539-9251

Fax: (315) 539-2784

Email: seneca@cornell.edu

Web: www.senecacountycce.org

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| ***PART 2: PARENT INFORMATION*** |
| **PARENT 1** Legal Guardian: YES or NO |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Please fill in address *ONLY* if different from front page of form) |
| Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Street) (City/Town) (State) (Zip) |
| - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - |
| **PARENT 2** Legal Guardian: YES or NO |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Please fill in address *ONLY* if different from front page of form) |
| Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Street) (City/Town) (State) (Zip) |

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| ***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 Seneca County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.  Parent/Guardian: Please initial: \_\_\_\_\_\_\_\_\_\_ |

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| ***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 provides equal program and employment opportunities.

Please contact our office if you have any special needs.

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| ***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 Seneca 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.   Boys in girls' dormitory or lodging areas and girls in boys' dormitory or lodging areas.   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 Seneca  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 (CCE) of Seneca County Parents/Guardians (of youth involved with CCE programs) are expected to accept and adhere to the following standards of behavior when their child(ren) is/are engaged in CCE Youth Development Program activities as stated here.  As a CCE Parent or Guardian I will:   Respect and adhere to CCE rules, policies and guidelines that relate to specific CCE 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 CCE 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 CCE youth activities   Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE  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 CCE youth events/activities, or  attend CCE 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 & 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. |

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| ***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 SENECA 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 Seneca 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. |

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| ***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 Codes of Conduct,  #6 Acknowledgement of Risk, #7 Signatures.  Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print name)  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

**General 4-H Events/Programs**

**October**

Year End Project Records Due

National 4-H Week

National Science Experiments

**November**

CHAT Training

4-H Achievement Night

Seneca GR&EEN Electronics Recycling

**January**

Produced in New York State

Seneca GR&EEN Training

**February**

Shooting Sports Training

Public Presentations

Teen Winter Weekend

**March**

4-H Capital Days - Albany

March Dog Madness

District Public Presentations

Ag Literacy

4-H Expo

Horse Extravaganza

Dairy Quiz Bowl

**April**

State Teen Ambassador Representative Retreat-Syracuse

Vet College Open House

Seneca GR&EEN Electronics Recycling

**May**

State 4-H Forestry

Animal Crackers

Celebrate/Commemorate

**June**

Career Explorations - Cornell University

Animal Registration Paperwork Due

**July**

Seneca County Fair

**August**

Empire Farm Days Dairy Bar

Empire Farm Days State 4-H S.T.E.M. Booth

New York State Fair - Syracuse

**September**

Re-Enrollment Due

Open House on the Farm

**CORNELL COOPERATIVE EXTENSION SENECA COUNTY**

**4-H YOUTH DEVELOPMENT**

308 Main Street Shop Centre

Waterloo, NY 13165

Ph: (315) 539-9251

Fax: (315) 539-2784

Email: seneca@cornell.edu

Web: www.senecacountycce.org

**4-H YOUTH DEVELOPMENT STAFF**

Rachel Williams

(315) 539-9251 ext. 102

rrw33@cornell.edu



Seneca County

308 Main Street Shop Centre

Waterloo, NY 13165

Phone: (315) 539-9251

Fax: (315) 539-2784

**Permission Slip and Medical Release Form**

*Please Print:*

Child's 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 Allergies

{ Ear Infections { Hay Fever

{ Rheumatic Fever { Insect stings

{ Convulsions { Ivy Poisonings

{ Diabetes { Penicillin

{ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ { Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**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*

Cornell Cooperative Extension is an equal program provider.

Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.