



Chenango County 4-H Youth Enrollment Form

PARENTS PLEASE READ THIS

All 4-H members must be enrolled by June 1st in order to exhibit as a 4-H member in the Youth Department at the Chenango County Fair.

4-H Age Requirements	Youth must be between 8 and 18 years old on January 1, 2018 in order to enroll as a regular 4-H member. Youth who are age 5-7 grade are considered Cloverbuds. Cloverbuds must be at least 5 years old as of January 1, 2018
Circle One:	<input type="radio"/> Cloverbud (Age 5-7) <input type="radio"/> New Member (Age 8-18)

Youth Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home) _____ Phone (Other) _____ E-mail: _____

Township: _____ County of Residence: _____ Birth date: ____/____/____

Gender: _____ Year in 4-H: _____ School: _____ Grade: _____

Circle All That Apply:

American Indian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	Pacific Island	<input type="checkbox"/>	White	<input type="checkbox"/>

Club Information: (Write Independent if not joining a club)

Primary Club _____ Secondary Club _____

Projects: Every 4-H member must be enrolled in at least one project for the year. Check as many projects as you plan to work on during the 4-H year. Contact the 4-H Office to order project guides.

Aerospace	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	Horticulture / Gardening	<input type="checkbox"/>	Poultry	<input type="checkbox"/>	Sheep	<input type="checkbox"/>
Arts and Crafts	<input type="checkbox"/>	Community Service/ Volunteerism	<input type="checkbox"/>	Goats	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	Swine	<input type="checkbox"/>
Aquaculture	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	Healthy Life Style/ Choose Health	<input type="checkbox"/>	Natural Resources	<input type="checkbox"/>	Rabbit/Cavy	<input type="checkbox"/>	Wildlife/ Fisheries	<input type="checkbox"/>
Beef	<input type="checkbox"/>	Dog Care & Training	<input type="checkbox"/>	Home Environment	<input type="checkbox"/>	Pet Care Small Animals	<input type="checkbox"/>	Science/ Engineering/ Technology	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>
Child Care & Development	<input type="checkbox"/>	Foods/Nutrition/ Cooking	<input type="checkbox"/>	Horses	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Sewing / Textiles	<input type="checkbox"/>	Other:	<input type="checkbox"/>

I want the Extension Office to be aware of the following disability: _____

Photo Release: Yes/No (Please circle one) Cornell Cooperative Extension is granted permission to use and /or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

Member Signature _____ Leader Signature (If Joining a club) _____

Parent Signature _____ Date _____

Member Last Name: _____ First Name: _____ M.I. _____

PRIMARY PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

E-mail: _____

SECOND PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ M.I. _____

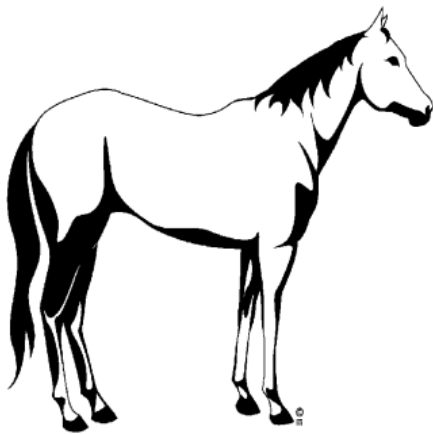
Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

This Section is only for youth enrolled in a horse project

Helmet Policies Acknowledgement for Horse Projects



I/We, the undersigned parent(s)/guardian(s) of the 4-H member, a minor, acknowledge acceptance of and hereby agree to enforce the Chenango County 4-H Helmet Policy which requires all youth participating in an official 4-H activity, event or show (this includes club meetings, and when riding to and back from a club meeting or activity) to wear a properly fitted and secured, officially approved ASTM/SEI protective helmet as designated by the NYS 4-H Horse Committee. The approved helmet will be worn **at all times** when leading, handling, mounted on an equine, or seated in a vehicle being pulled by one or more equines. We further agree to hold harmless Cornell Cooperative Extension, its employees, and its volunteers who work with the 4-H program in the event the above named child is injured, unless such injury is the result of willful and malicious conduct or gross negligence.

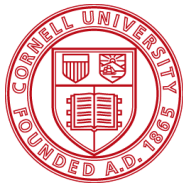
4-H Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

4-H Club Leader Signature: _____ Date: _____



New horse club members and riders moving up to a new level must complete a Rider Evaluation before riding in a club or county event. Talk to your leader, or contact the 4-H Office for proper forms.



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Cornell Cooperative Extension Chenango County
Medical Release Form
Project Year 2017-2018

Please Print: Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Phone _____

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(specify insect) _____

Convulsions _____

Ivy Poisonings _____

Diabetes _____

Penicillin _____

Other (specify) _____

Other (specify) _____

Current prescribed medication (specify) _____

Family Medical and Hospitalization Coverage

At the bottom 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 Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

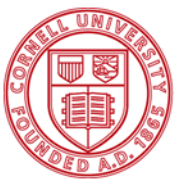
I grant permission to the director of the activity (or authorized designee) to dispense to my child any prescription medication he/she is currently taking.

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 Chenango County
4-H Member's Code of Conduct
Project Year 2017-2018

1. I will respect the rights and feelings of all the members, leaders, and guests of my 4-H Club.
2. I will not use anyone's else's things without permission.
3. I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
4. I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
5. I will not use or bring to any 4-H meeting or activity any illegal drugs, alcoholic beverages, or tobacco products.
6. I will not bring to any 4-H meeting or activity any gun, knife, or anything else that could be used as a weapon, unless it is required for a project, class, or activity. (I understand that my leader or the instructor will given me a written list of equipment when such items are needed.)
7. When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.

I promise to obey this code of conduct _____
(Member's Signature)

I have read this Code of Conduct and
have witnessed my child's signature _____
(Signature of parent or guardian)

Date: _____

**CORNELL COOPERATIVE EXTENSION
Acknowledgement of Risk Form
Project Year 2017-2018**

Acknowledgement of Risk Form – 4-H Member

This form must be completed to participate (including Cloverbuds) 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 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 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 Chenango County

DATE(S): 4-H Program Year: October 1, 2017– September 30, 2018

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 21.

CORNELL COOPERATIVE EXTENSION
Acknowledgement of Risk Form
Project Year 2017-2018

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 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 **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 Chenango **County**

DATE(S): 4-H Program Year: October 1, 2017 – September 30, 2018

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 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: _____



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Photo, Video, and Audio Consent and Release Form

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension- sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

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.

My Contact Information:

Name (print): _____

Age (*if under 18*): _____

County _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Signatures:

Signature: _____ Date: _____

Parent/Legal Guardian's Signature (*if under 18*):

Signature: _____ Date: _____