



Date Received by 4-H Office \_\_\_\_\_  
2023-2024

## 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, 2024 in order to enroll as a regular 4-H member.

Youth who are age 5-7 are considered Cloverbuds. Cloverbuds must be at least 5 years old as of January 1, 2024

Circle One: Cloverbud (Age 5-7)

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		Asian		Black	
Hispanic		Pacific Island		White	

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		Citizenship		Forestry		Horticulture / Gardening		Poultry		Sheep	
Arts and Crafts		Community Service/ Volunteerism		Goats		Leadership		Public Speaking		Swine	
Aquaculture		Dairy		Healthy Life Style/ Choose Health		Outdoor Education		Rabbit/Cavy		Wildlife/ Fisheries	
Beef		Dog Care & Training		Home Environment		Pet Care Small Animals		Shooting Sports		Woodworking	
Child Care & Development		Foods/Nutrition/ Cooking		Horses		Photography		Sewing / Textiles (Fabric Science)		Other:	

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. \_\_\_\_\_

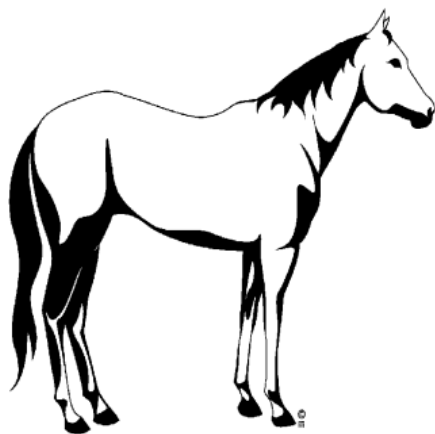
Address: \_\_\_\_\_

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.

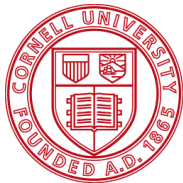
4-H Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.**



**Cornell University**  
**Cooperative Extension**  
**Chenango County**

Chenango County  
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Norwich, NY 13815

Tel: 607-334-5841  
E-mail: ccechenango@cornell.edu  
www.cce.cornell.edu/chenango

**Cornell Cooperative Extension Chenango County**  
**Medical Release Form**  
**Project Year 2023-2024**

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 \_\_\_\_\_

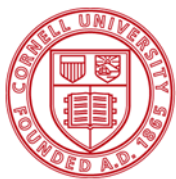
I grant permission to the director of the activity (or authorized designee) to dispense to my child any prescription medication he/she is currently taking.

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 \_\_\_\_\_

Parent or Guardian

Date \_\_\_\_\_



Cornell Cooperative Extension Chenango County  
4-H Member's Code of Conduct  
Project Year 2023-2024

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 2023-2024**

**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, 2023– September 30, 2024**

**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 2023-2024**

**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, 2023– September 30, 2024

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

This form must be kept on file until participant reaches age 21.  
Code 1501 2012 4-H Equine Club Member ACKRISKFORM

**Continued On Other Side**



**Extension Administration**

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202 Beebe Hall  
Ithaca, NY 14853-5905  
t. 607 255-2237  
f. 607 255-0788  
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[www.cce.cornell.edu](http://www.cce.cornell.edu)

## 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: \_\_\_\_\_