



Cornell University
Cooperative Extension
Cortland County

***NEW 4-H MEMBER* ~ ENROLLMENT FORM**
OCTOBER 1, 2020 – SEPTEMBER 30, 2021

60 Central Ave., Room 140
Cortland, NY 13045 (607-391-2660)

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

CITY/TOWN _____ STATE: _____ ZIP: _____ COUNTY RESIDENCE _____

BIRTHDATE: _____ PRIMARY PHONE: _____

CELL PHONE: _____ EMERGENCY PHONE: _____

FAMILY EMAIL: _____ YOUTH EMAIL: _____

(PLEASE CHECK BOXES).....

GENDER:

- ☐ MALE
☐ FEMALE

ETHNICITY:

- ☐ HISPANIC
☐ NON-HISPANIC

RACE:

- ☐ WHITE
☐ ASIAN
☐ BLACK
☐ NATIVE HAWAIIAN
☐ OTHER-SPECIFY: _____



RESIDENCE:

- ☐ FARM
☐ RURAL/TOWN LESS THAN 10,000
☐ TOWN /CITY MORE THAN 10,000

GRADE: _____ SCHOOL: _____

4-H CLUB NAME OR INDEPENDENT: _____

LEGAL GUARDIANS:

- PARENT #1: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT PHONE: _____ /CELL# _____

- PARENT #2: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT PHONE: _____ /CELL# _____

- PARENT #3: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT PHONE: _____ /CELL# _____

CHILD/CUSTODIAL RELEASE: If there are any restrictions regarding the release of information or custody as to either parent, please provide additional sheet all such restrictions and supporting documentation. If there is any uncertainty or lack of clarity regarding particular release issues, Cornell Cooperative Extension of Cortland County will request a joint meeting with the parents and 4-H leader to discuss and resolve such issues.

This section: Parent / Guardian Must Initial: _____

TO RECEIVE ALL INFORMATION POSTED BY THE 4-H OFFICE: (CHECK OUT CCE WEBSITE)

CHOICE: ☐ NEWSLETTERS BY: MAILING ☐ BY EMAIL BLASTS ☐ BOTH

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



Cornell University
Cooperative Extension
Cortland County

YOUTH NAME: _____

4-H CLUB: _____

ENROLLMENT FEES: **IN COUNTY:** **\$ 5.00 / MAX FAMILY \$25.00**

OUT OF COUNTY: **\$15.00 / MAX FAMILY \$30.00**

AFTER DECEMBER 31, 2020 – LATE FEE RE-ENROLLMENT: IN-COUNTY \$15.00 / OUT OF COUNTY \$25.00

Part 1: CODE OF CONDUCT:

YOUTH CODE OF CONDUCT: 4-H members participating in or attending club, county, regional, district, state and national program, activities, events, shows, and contests sponsored for youth by the 4-H Youth Development Program of Cornell Cooperative Extension of Cortland 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 harmful object with the intent to hurt or intimidate others.

✿ Other conduct deemed inappropriate for the youth development program by Cornell Cooperative Extension of Cortland 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 of the parent's expense.
- ✿ The 4-H'er may be barred from participating in 4-H.
- ✿ When a violation occurs at the competitive event, 4-H members may be disqualified from the contest and may be ineligible for any awards. Competition in late contest may also be barred.
- ✿ If any laws are violated, the case may be referred to the police.

Part 2: PHOTO RELEASE:

PHOTO RELEASE: by signing the reverse side of this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited use of photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative extension programs and 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 the consent and release form, I acknowledge that U understand and agree to the above request and conditions.

Part 3: ACKNOWLEDGEMENT OF RISK:

This form must be completed to participate (including Cloverbuds) in 4-H clubs and related activities.

I hereby apply for my child to participate in the 4-H club/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 participate 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 age 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 CORTLAND COUNTY

DATE(S): 4-H PROGRAM YEAR: October 1, 2020- September 30, 2021

4-H Club Activity: (Select anticipated program participation)

- ☐ All 4-H activities & events for program year.
- ☐ Working with dogs
- ☐ Physical Fitness programs
- ☐ Shooting Sports

For Cloverbuds: (youth ages 5-8 years old only):

- ☐ 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
- ☐ Works 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 Cortland County, multiple county, regional, or state sponsored events. I give my child permission to participate in 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 not 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.

Part 4: 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 agreements included in parts: **#1 Code of Conduct, #2 Photo release, #3 Acknowledgement of Risk and #4 Signatures:**

Active enrollment will not be acknowledge without signatures and dates completed below:

Youth Name: _____ **Parent Name:** _____

Parent Name: _____

4-H Club or Independent: _____

Parent/Guardian Signature: _____ **Date:** _____

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CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50. The City of Cortland has set this number to 25.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Cortland County (“CCE”) has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming (“Claims”). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Cortland County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name(s):

Date:

Signature: