



Cornell University  
Cooperative Extension  
Cortland County

60 Central Avenue, Room 140  
Cortland, NY 13045  
cortland@cornell.edu 607-391-2660

**CORTLAND COUNTY 4-H MEMBER**  
**4-H RE- ENROLLMENT FORM:**  
**OCTOBER 1, 2023 – SEPTEMBER 30, 2024**

**Name: 4-H Club** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY RESIDENCE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PRIMARY TELE: \_\_\_\_\_ EMERGENCY CELL: \_\_\_\_\_

FAMILY EMAIL: \_\_\_\_\_ YOUTH EMAIL: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**Please check:**

Male \_\_\_\_\_ Female \_\_\_\_\_  
Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

White \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ Other (specify) \_\_\_\_\_

Farm \_\_\_\_\_ Rural/Town Less than 10,000 \_\_\_\_\_ Town/City more than 10,000 \_\_\_\_\_

**Family Member in Military?**

Yes \_\_\_\_\_ Branch: \_\_\_\_\_ Active or Reserves? \_\_\_\_\_

**Legal Guardians:**

**Parent # 1** \_\_\_\_\_ Email : \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ /cell : \_\_\_\_\_

**Parent # 2** \_\_\_\_\_ Email : \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ /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 support documentation. If there is any uncertainty or lack of clarity regarding particular release issues, Cornell Cooperative Extension of Cortland County will request a join meeting with the parents and 4-H leader to discuss and resolve such issues.*

**This section: parent/Guardian must initial:** \_\_\_\_\_

**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.**

Would you like a news letter sent to your mailing address or by Email? Mailed or Emailed? Circle choice



**Part 1: Youth Code of Conduct:** 4-H members participating in or attending club, county, regional, district, state & national program, activities, events, shows and contest sponsored for you by the 4-H Youth Development Program of Cornell Cooperative Extension of Cortland County are required to conduct themselves according in the following:

**This section: parent/Guardian must initial:** \_\_\_\_\_

- **Clothing: printed with:** Advertisement for tobacco or alcohol or 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 dorms/lodging areas and girls in boys dorms/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.

**4-H ENROLLMENT FEES:**  
**Oct. 1- Dec.31, 2024**  
**In-County:**  
 \$5.00 or Family Max \$25.00  
**Out of County**  
 \$15 or Family Max \$45.00

**LATE ENROLLMENT**  
**AFTER DEC. 31<sup>ST</sup>.**  
 In- county \$15 per member  
 Out-county \$25 per member

**If this code is violated the following steps may be taken.**

- the adult chaperone for the youth involved in the violation (CCE staff or 4-H Leader will be made aware of the situation. The parent(so may be called and arrangements made for transportation home at the parent’s expense.
- 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 the late contest may also be barred.
- If any laws are violated, the case may be referred to the police.

**Part 2: Photo Release: 2023-2024** by signing the reverse side of this form, I consent and give permission to all 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 understand and agree to the above request and conditions.

**This section: parent/Guardian must initial:** \_\_\_\_\_

**Part 3: Acknowledgement of Risk: 2023-2024** - this form must be completed to participate (including Cloverbuds) in 4-H clubs and relative 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 for 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 risks 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**

**4-H Club Activity: 4-H PROGRAM YEAR: OCTOBER 1,2023 – SEPTEMBER 30, 2024**

- All 4-H activities and events for the program year.
- Working with dogs
- Physical Fitness program
- Shoot Sports

**For Cloverbuds:**

- 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 at Cornell University Cooperative Extension Cortland County, multiple county, regional or state sponsored events. I give my child permission to participate in fence classes and obstacles (this does include trail class) the obstacles will not be higher than 3 foot in any of the 4-H activities.

**Part 4 continued:**

**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 (21) twenty-one 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:**

<b>Print Youth Name:</b>	<b>Print Parent Name:</b>
--------------------------	---------------------------

**4-H or Independent Member Signature:**

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
-----------------------------------	--------------

**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 50.

**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.*

**please print name(s) and parent signature below:**

<b>Signature of Parent/Guardian:</b>	<b>Date:</b>
--------------------------------------	--------------