



Fulton-Montgomery 4-H Member/Leader Enrollment Form - Page 1

Club Name: \_\_\_\_\_ Status (circle one): New Re-Enrollment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
Birth Date :(youth only) \_\_\_\_\_ 4-H age: \_\_\_\_\_ (as of January 1) Years in 4-H: \_\_\_\_\_
Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_
Email: \_\_\_\_\_ Email Newsletter? Y N
Address Line 1: \_\_\_\_\_
Address Line 2: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
County of residence (circle one): Fulton Montgomery Township: \_\_\_\_\_
Current other 4-H club membership(s) \_\_\_\_\_

Is enrollee disabled? Y N Disability: \_\_\_\_\_ Require accommodation for program? Y N
School (youth only): \_\_\_\_\_
Is enrollee from a military family? Y N If yes, circle one: Active/Reserve/Guard? Branch: \_\_\_\_\_

Member Enrollment Category (circle one): Member or Cloverbud Is enrollee a Youth Leader? Y N
Volunteer Leader Enrollment Category (circle one): Organizational Project Activity Resource

Gender: M F Grade: \_\_\_\_\_/Not in School
Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+
Ethnicity: Hispanic/Not Hispanic
Race: ( )White ( )Black ( )American Native/Alaska Native ( )Asian ( )Native Hawaiian ( )White and Black
( ) White and Am. Native/AK Native ( ) Black and Am. Native/AK Native ( ) White and Asian

Table with 4 columns: Project Name, Project Code, Need Project Material?, Year in Project. Contains 8 rows of blank lines for data entry.

\_\_\_\_\_ I give my permission for the Cornell Cooperative Extension to use a photograph of my child for publicity.
\_\_\_\_\_ I do not want the 4-H office to reveal my name, address, or phone number as part of a public record or list.

Member Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_
Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Fulton-Montgomery Counties 4-H Enrollment - Parent Information - Page 2

**Member Last Name:** \_\_\_\_\_ **Member first name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Parent Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Parent Type** (circle one) Primary Parent Additional Parent Other Legal Guardian: Yes / No

**Preferred Name** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Send E-mail Newsletter / Mailings? Yes / No

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_

County: (of residence): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **May we call you at work if needed?** Y N

**Serving In Military?** Y N **If so, what branch?** \_\_\_\_\_ **Current status?** \_\_\_\_\_

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**Parent Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Parent Type** (circle one) Primary Parent Additional Parent Other Legal Guardian: Yes / No

**Preferred Name** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Send E-mail Newsletter / Mailings? Yes / No

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_

County: (of residence): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **May we call you at work if needed?** Y N

**Serving In Military?** Y N **If so, what branch?** \_\_\_\_\_ **Current status?** \_\_\_\_\_

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**Parent Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Parent Type** (circle one) Primary Parent Additional Parent Other Legal Guardian: Yes / No

**Preferred Name** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Send E-mail Newsletter / Mailings? Yes / No

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_

County: (of residence): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **May we call you at work if needed?** Y N

**Serving In Military?** Y N **If so, what branch?** \_\_\_\_\_ **Current status?** \_\_\_\_\_

**Cornell Cooperative Extension**  
**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 Current 4-H Year Date(s) 10-01-19 thru 09-30-20 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 (as printed on card) and name of subscriber

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

**Permissions Granted**

1. 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.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. 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.
4. 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.

This Form is to be completed by all members (including Horse Project Members)

**Acknowledgement of Risk Form – 4-H Member –Non-Horse Club**

**This form must be completed to participate 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 Fulton and Montgomery County

DATE(S): 4-H Program Year: October 1, 2019 – September 30, 2020

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.

F.O. R. M. Code 1501  
Edition Spring 2012

This form is to be completed by all members that participate in a Horse Project

**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 County** Fulton and Montgomery

**DATE(S):** 4-H Program Year: October 1, 2019 – September 30, 2020

**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.**

F.O.R.M CODE 1501

Edition Spring 2013

## **Cornell Cooperative Extension Volunteer Code of Conduct**

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned CCE volunteer activities.

**To maintain a responsible relationship with Cornell Cooperative Extension (CCE) I will:**

- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program(s) I serve;
- Execute CCE business in an ethical manner;
- Preserve the confidentiality of information about program participants and CCE internal affairs that has been entrusted to me;
- Refrain from using my CCE volunteer status for personal or business financial gain;
- Fulfill my assigned CCE volunteer duties including completion of required records or reports in a timely manner;
- Use time wisely and work cooperatively with CCE staff and other volunteers;
- Participate in required training programs and use the recommended CCE policies and procedures;
- Accept supervision and support from professional CCE staff and/or management volunteers.

**To maintain respectful relationships with individuals encountered through CCE volunteer activities I will:**

- Respect and uphold the rights and dignity of all CCE staff, other volunteers and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs and strengths differ;
- Encourage participation of and respect for individuals of diverse backgrounds, cultures and perspectives;
- Commit no illegal or abusive act.

**To maintain a safe and healthful environment for CCE program/activity/event participants I will:**

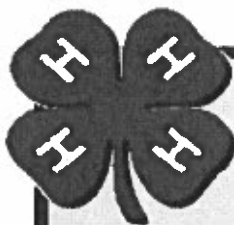
- Follow child protection guidelines
- Refrain from inappropriate language and the use of alcohol especially in the presence of minors and never attend or participate in a CCE program/activity/event under the influence of alcohol or controlled substances;
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any CCE program/activity/event or in other group situations that may glamorize such use in the eyes of young people;
- Bring no firearm to any CCE program/activity/event except when essential to the purpose of the program/activity/event;
- Use any potentially dangerous item in accordance with the safety procedures prescribed for the program;
- Report all unsafe conditions and accidents to professional CCE staff as soon as possible;
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;
- Observe all state and federal laws with respect to power equipment and minors.

**I permit the use of any photos, slides, films, or sketches of me taken during a CCE event to be used for publicity, advertising, and/or promotion.**

**I accept responsibility to represent CCE with dignity and pride conducting myself as a positive role model for CCE program/activity/event participants. I will adhere to the standards of behavior listed above.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## 4-H Member Enrollment Fee in Fulton & Montgomery Counties

The annual 4-H member enrollment fee is \$20.00 per year with a cap of \$50.00 per family unit (3 or more youth residing at the same location). **Payment of the 4-H enrollment fee is the responsibility of the family.** This 4-H member enrollment fee form is due at the time of enrollment.

***\*Re-enrollment forms and fees are due on or before December 1. An individual re-enrollment submitted after December 1st must include a \$10.00 late fee. A family unit re-enrollment submitted after December 1st must include a \$15.00 late fee.***

***\*New 4-H member enrollments are accepted October 1—June 1 of the current 4-H program year and must be submitted within 1 month of joining a 4-H club/becoming a 4-H individual member.***

- **4-H Club Members:** Complete this enrollment fee form and return with your payment and enrollment forms to your 4-H club organizational leader.
- **Individual 4-H Members:** Complete this enrollment fee form and return with your payment and enrollment forms to: Cornell Cooperative Extension, 20 Park St, Fonda, NY 12068.

Member Name \_\_\_\_\_

Club Name \_\_\_\_\_ Individual Member \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Other 4-H Members (do not include leaders) in my family:

\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Attached is my <i>new</i> 4-H membership enrollment of \$20.00 for the year 2019-2020. <input type="checkbox"/> Attached is my 4-H membership <i>re-enrollment</i> of \$20.00 <u>on or before</u> December 1st. <input type="checkbox"/> Attached is my 4-H membership <i>re-enrollment</i> of \$30.00 submitted <u>after</u> December 1st. <input type="checkbox"/> Attached is \$50.00 for my <i>family unit enrollment</i> of 3 or more 4-H members listed above. <input type="checkbox"/> Attached is \$65.00 for my <i>family unit re-enrollment</i> submitted <u>after</u> December 1st.
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For Office Use Only		
Rec'd _____	By _____	Check # _____