



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: _____

(Over)

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? _____

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? _____

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) 10-01-20 thru 09-30-21 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, 2020 - September 30, 2021

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 me, 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.

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

DATE(S): 4-H Program Year: October 1, 2020 – September 30, 2021

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

4-H Member's Code of Conduct

1. I will respect the rights and feelings of all 4-H members, 4-H program participants, CCE/4-H volunteers and guests of my 4-H club and/or the Fulton/Montgomery 4-H program.
2. As a 4-H member, I will act in a mature, responsible and ethical (honorable) manner, recognizing that I represent the 4-H Youth Development Program in Fulton and Montgomery Counties and can be a role model for others.
3. I will be considerate and courteous of all 4-H youth and 4-H adults and their property. I will not use anyone else's things without permission.
4. I will cooperate with all reasonable requests made by CCE/4-H volunteers, CCE/4-H staff and other adults who help with 4-H club/project meetings, 4-H events, activities and programs.
5. I will come to 4-H meetings, events, activities and programs on time and participate in the planned program even when an activity is not my favorite.
6. I will dress appropriately for 4-H events, activities and programs. If I am unsure about what is appropriate to wear, I will contact the 4-H staff person in charge before the 4-H event, activity or program takes place.
7. I will not bully or harass any 4-H members or 4-H program participants. I will do my best to make sure that everyone in my group feels included.
8. When I participate in a 4-H program, activity or event, I will make sure that my use of social media and/or cell phones is appropriate and respectful to all 4-H members, 4-H program participants, CCE/4-H volunteers and CCE/4-H staff.
9. I will not use or bring any illegal drugs, alcoholic beverages or tobacco products to any 4-H meeting, event, activity or program.
10. I will not bring any gun, knife or anything else that could be used as a weapon to any 4-H meeting, event, activity or program, unless it is required for a project, lesson, workshop or activity. (I understand that my 4-H leader, CCE/4-H instructor or CCE/4-H staff will give me a written list of equipment when such items are needed.)
11. When I participate in county, district, state and/or national 4-H activities, I will obey the special rules that apply to those 4-H events, activities and programs.

I promise to obey the 4-H Member's Code of Conduct.

_____ *Date* _____
(Member's signature)

I have read the 4-H Member's Code of Conduct and have witnessed my child's signature.

_____ *Date* _____
(Signature of parent of guardian)



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:

- Attached is my *new* 4-H membership enrollment of \$20.00 for the year 2020-2021.
- Attached is my 4-H membership *re-enrollment* of \$20.00 on or before December 1st.
- Attached is my 4-H membership *re-enrollment* of \$30.00 submitted after December 1st.
- Attached is \$50.00 for my *family unit enrollment* of 3 or more 4-H members listed above.
- Attached is \$65.00 for my *family unit re-enrollment* submitted after December 1st.

For Office Use Only

Rec'd _____ By _____ Check # _____

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 25.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Fulton & Montgomery ("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 Fulton & Montgomery Counties. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name: _____

Date: _____

Signature: _____
