



Club Name

Chautauqua County

☐ Postal Mail ☐ Email

Last Name

First Name

Mailing Address

City/State/Zip

Primary Email

Birth Date

Gender

☐

Male

☐

Female

Primary Phone

Cell Phone

Check if you text

Years in 4-H

Parent / Guardian 1

First Name

Last Name

Cell Phone

Work Phone

Email

Parent / Guardian 2

First Name

Last Name

Cell Phone

Work Phone

Second Household

Send Correspondence

No

Yes

Family Name

First Names

Primary Phone

Address

City

State

Zip Code

Email

Emergency Contact

Name

Phone

Email

Relationship

Enrollment

Ethnicity

Are you of Hispanic ethnicity?

☐

No

☐

Yes

(please indicate both an ethnicity and race)

Race☐

White

☐

Native Hawaiian or Pacific Islander

☐

Black

☐

Asian

☐

American Indian or Alaskan Native

☐

Prefer Not to State

Residence☐

Farm (rural area where agricultural products are sold)

☐

Suburb of city more than 50,000

☐

Town under 10,000 and rural non-farm

☐

Central city more than 50,000

☐

Town / City 10,000 - 50,000 and its suburbs

Military☐

No one in my family is serving in the military

☐

I have a parent serving in the military

☐

I have a sibling serving in the military

Branch☐

Air Force

☐

Army

☐

Coast Guard

☐

DOD Civilian

☐

Marines

☐

Navy

Component☐

Active Duty

☐

National Guard

☐

Reserves

Grade☐**School Name****School Type**☐

Public School

☐

Special Education

Private School

☐

Homeschool



Clubs

Enroll

Cloverbud Member

Regular 4-H Member

Projects

Project	Years In Project
Project	
Project	
Project	
Project	
Project	
Project	
Project	
Project	
Project	

Important!!

Photo Release

Important!!

Cornell Cooperative Extension and Cornell University are 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 purposes, on their respective websites or for the promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

I authorize the Photo Release of my child/ward (circle one) **YES** **NO**

BEHAVIOR EXPECTATIONS: As a 4-H member: It is important to follow the directions of the 4-H Club leader(s) at all times. As a 4-H member and guardian: I understand that as a participant and/or guardian I have the responsibility to help make all 4-H activities a safe experience for everyone through my behavior and conduct. I also understand the importance of following rules, directions, and policies and agree to follow them.

Member Name	Date
Parent / Guardian Signature	Date

Please verify that the following forms are completed and turned in along with this form for each child enrolling in 4-H:
4-H Member Code of Conduct Medical Release Form Acknowledgement of Risk Form Animal Project Registration

County Use Only

Fee Paid	Date	Cash/Check No.	Enrollment Form	Photo Release	Code of Conduct	Medical Release	Risk Form

We have read and will abide by the 4-H Code of Conduct below.

Member Name _____ Leader Signature _____

Parent/Guardian Signature _____ Date _____

Must have enrollment form (complete including signatures), medical form, acknowledgement of risk and non-refundable dues for acceptance.

4-H MEMBER CODE OF CONDUCT

Standards of expected behavior are established by the 4-H Youth Development Program Committee and will be shared by Cornell Cooperative Extension staff, volunteers, or chaperones with all youth participating in 4-H events. These behaviors are expected of all youth while participating in 4-H events and activities. Leaders and/or Chaperones at any 4-H event will be enforcing the code. All enrolled 4-H members will receive and sign-off on the 4-H Code of Conduct.

Expected Behavior:

1. All participants are to refrain from disruptive use of social media, email, text, or IM. It is acknowledged by the Chautauqua County 4-H that social media may be used to promote, encourage, and display county pride and club/program unity. It is also a good way to communicate club/program news and notes. Chautauqua County 4-H also acknowledges that social media can be used in disruptive and destructive ways such as, but not limited to, bullying, taunting, intimidation, and slander. Use of social media in these ways, including but not limited to posting or distributing literature or material containing a threat of violence, injury or harm, slanderous accusations or depicting violent actions against members, volunteers or staff is strictly prohibited.
2. All participants are expected to be responsive to the reasonable requests of the adult in charge at the time given.
3. All participants are expected to participate in all of the planned programs, to be on time and follow through on assigned tasks/responsibilities in a manner that ensures the safety, well-being, and quality of the educational experience for self and others.
4. All participants will act in a mature, responsible manner, recognizing they are role models for others and are representing themselves and the County 4-H Youth Development Program.
5. All participants will be dressed appropriately for the event. Dress will depend on the event. Information given prior to the event will state the type of clothing that is appropriate.
6. All participants will be considerate and courteous of all youth and adults and their property.
7. All participants will respect the rights and opinions of others realizing the strengths of diversity
8. All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, or alcoholic beverages, firearms and/or other weapons at all times. These are prohibited.
9. All participants are to refrain from excessive romantic displays, sexual activities, harassment and hazing either in public or private situations. These actions will not be tolerated.

****Regarding disciplinary action, a witness must submit a written and signed statement of the incident to the 4-H Issue Leader within 10 days of knowledge of the issue, before action will be taken by the 4-H Office or 4-H Youth Development Program Committee.**

Consequences Any of the following may be used, depending on severity of the situation. Each severe case will be reviewed by the 4-H Issue Leader and 4-H Youth Development Program Committee.

1. In mild cases, a warning will be given (written or verbal).
2. Able to remain at event but possibly barred from a future event.
3. Loss of awards and/or premiums if applicable.
4. Sent home from event at family's expense, followed by a Review Board consisting of individual(s), 4-H Youth Development Program Committee members and the individual's parents/guardians.

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Cornell Cooperative Extension Chautauqua Association

Medical Release Form, 2021-2022

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Phone _____

In case of emergency, contact _____ Phone _____

Medical History

Date of Last Tetanus Booster _____

Check any and all that apply to your child:

Illnesses:

☐ Ear Infections ☐ Rheumatic Fever ☐ Convulsions ☐ Diabetes
☐ Other (specify) _____

Allergies:

☐ Hay Fever ☐ Insect Stings (specify insect) _____ ☐ Ivy Poisonings
☐ Penicillin ☐ Other (specify) _____

Current Prescribed Medication (specify): _____

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.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name _____ Phone _____

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.

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.

Parent/Guardian Signature _____ Date _____

Acknowledgement of Risk Form – 4-H Member and/or Equine Member

This form must be completed to participate in 4-H Clubs/Projects and related activities and/or 4-H Equine 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, 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 **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 Chautauqua County

DATE(S): 4-H Program Year: October 1, 2021 – September 30, 2022

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
- ☐ Cloverbud working with equine animal program

4-H CLUB/PROJECT ACTIVITIES (other than Equine):

- ☐ 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 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.





2021-2022 4-H Animal Project Registration Form

Please print all information:

Age as of 1/1/22: _____

4-H Member Name: _____ Date of Birth _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

4-H Club: _____ Years in 4-H: _____ Are you a Cloverbud? ☐ Yes ☐ NO

Preferred method of communication: ☐ Phone ☐ Email

Cloverbuds: 5 - 8 years old by 1/1/22

If 8 years old by 1/1/22, the youth may choose to be a Cloverbud or a 4-H member.

Please check off all animal project that you will be participating in during the 2020-2021 4-H year and

Check off:		Years in project inc. this year
<input type="checkbox"/>	Beef	
<input type="checkbox"/>	Heifer	
<input type="checkbox"/>	Dairy ©	
<input type="checkbox"/>	Dog	

Check off:		Years in project inc. this year
<input type="checkbox"/>	Goat ©	
<input type="checkbox"/>	Market Goat ©	
<input type="checkbox"/>	Market Hog	
<input type="checkbox"/>	Horse ©	

Check off:		Years in project inc. this year
<input type="checkbox"/>	Exhibition Poultry ©	
<input type="checkbox"/>	Market Poultry ©	
<input type="checkbox"/>	Rabbit ©	
<input type="checkbox"/>	Sheep (Breeding) ©	

Check off:		Years in project inc. this year
<input type="checkbox"/>	Market Sheep ©	

© Cloverbud Program Available

4-H Animal Project Parent & Child Responsibility Statement

I understand that it is the responsibility of myself and my child to read the 4-H Animal Program Booklet associated with each species that we are participating in. These are updated and provided and provided by each animal om the 4-H Office on an annual basis. I further understand that the 4-H Animal Committee and 4-H Program Leaders are available to answer any questions and to guide the 4-H member and family to a successful completion of this project, and we understand that as parents or guardian, my participation is important to my child's success.

We agree to abide by the 4-H Program rules as set forth by New York State, the animal project I have chosen to participate in, and the Chautauqua County 4-H Codes of Conduct.

Cornell Cooperative Extension of Chautauqua County, its officers, directors, employees, and volunteers disclaim any responsibility for any injury to or loss of any animal regardless of cause of said injury or loss. Participants shall be solely responsible for any injury or damage to livestock ad release and waive any right of recovery from association, its officers, directors, employees and all volunteers for any injury or loss of any animal.

Parent/Guardian Signature: _____

Member's Name: _____

Date: _____