



Cornell University
Cooperative Extension
Monroe County



Monroe County
2449 St. Paul Blvd.
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Dear Future 4-Hers,

Welcome to Monroe County 4-H! Fall is a very exciting time of the year to be a 4-H member; new projects are starting, and planning for the upcoming year has begun!

Enrollment paperwork is a critical part of the 4-H program. It allows the 4-H office to keep accurate records of the youth involved in the programs we offer. Any child participating in any 4-H related meeting, activity or event must be enrolled. Enrollment is not optional; it is required for participation.

Benefits of enrollment in 4-H include:

- Club meetings and outings
- Bi-monthly 4-H Newsletter and E-News mailings
- Discounted pricing on special events
- Scholarship opportunities
- Achievement banquet and recognition opportunities
- Participation in County and State Fairs
- Participation in the premier youth development program where youth are empowered with the skills to lead for a lifetime.

Enclosed you will find enrollment forms for the 2018–2019 4-H year. Please complete the entire packet for each child who will participate in 4-H. It is imperative that a separate packet be completed for each child and that the entire packet be returned.

4-H enrollment is \$15 per youth with a maximum of \$45 per family. It is our desire to keep enrollment costs as low as possible to ensure 4-H participation is affordable. In an effort to do so, we require **each** 4-H member to participate in AT LEAST ONE Cornell Cooperative Extension of Monroe County Association fundraiser per year. There may be *additional club-specific fundraisers* to support club events and outings as well. An Association fundraiser may include: Barnes & Noble Book fair, Annual Chicken BBQ, or other Association-wide fundraising events as determined by the Board of Directors. When submitting enrollment forms for each youth, please include a check for your youth(s) enrollment fees. You will be notified well in advance of fundraiser opportunities.

The new 4-H year officially begins on October 1st. Completed enrollment paperwork should be dropped off or mailed to the 4-H office at the address above. Please be sure to make a copy of the forms for your records. *New* members must enroll within 30 days of attending their first 4-H meeting, activity, or event OR before their 2nd time participating in anything 4-H related. *New* members must complete and turn in paperwork by May 15, 2018 to be enrolled.

If you have any questions regarding enrollment or need help with your paperwork, please contact the 4-H office at 585-753-2550.

Sincerely,

Monroe County 4-H Program staff

To enroll in the 4-H Program, complete this form and submit the enrollment fee (\$15/youth; maximum \$45 per family) to:
Monroe County: Cornell Cooperative Extension, 2449 St. Paul Blvd., Rochester, NY 14617



Please fill out these forms completely! You must submit separate forms for each child.



Child's Personal Information:

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ Zip Code _____
 Home Phone () _____ Alternate Phone () _____
 Email Address _____ County of Residence _____
*4-H often sends information electronically; please list your preferred address for receiving 4-H announcements and updates
 We will not share your email information with any other party or agency.*
 Date of Birth _____ Gender: M F Age on January 1st of this year (4-H Age) _____
 # of years in 4-H (including this year) _____ Grade _____ School _____
 Is youth: disabled from a military family a Club Officer (If yes, position: _____)

ENROLLMENT INFORMATION:

Cloverbud (ages 5-7 as of January 1) Member (ages 8-18 as of January 1)
I belong to the _____ 4-H Club. (Give name of club, if applicable.)
Area(s) of Interest: _____

Describe your residence:

- Farm/Rural (population under 10,000)
- Town/Village (population 10,000-50,000)
- Town/Suburb (population over 50,000)
- City (population over 50,000)

Ethnicity (for statistical purposes only):

- Hispanic Not Hispanic
- Race (for statistical purposes only):
- Caucasian African-American Asian
- Native American Pacific/Hawaiian

PARENT/GUARDIAN INFORMATION:

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ Zip Code _____
 Home Phone () _____ Alternate Phone () _____
 Occupation _____ Work Phone () _____
 Email Address _____

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ Zip Code _____
 Home Phone () _____ Alternate Phone () _____
 Occupation _____ Work Phone () _____
 Email Address _____

I authorize _____ to pick up my child.

Parent/Guardian Signature _____ Date _____

4-H Leader Signature (if applicable) _____ Date _____

I understand 4-H enrollment fees are \$15 per youth (\$45 family maximum) and agree to participate in at least one Association-wide fundraiser. I further understand that individual clubs may also hold fundraisers to support special club projects.

OFFICE USE ONLY
 Date Received: ____/____/____ Total Received: \$ _____ Cash OR Check: # _____
 4-H Year 2018-19



Date Entered in 4-H Online: ____/____/____

Cornell Cooperative Extension Monroe County 4-H MEMBER ENROLLMENT FORM

Enrollment Year October 1, 2018–September 30, 2019

PART #1: ACKNOWLEDGEMENT OF RISK

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

I hereby apply for my child to participate in the 4-H club/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 that 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 risks and dangers and I hereby accept these risks 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 members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

CORNELL COOPERATIVE EXTENSION MONROE COUNTY

4-H Program Year: October 1, 2017–September 30, 2018

4-H Club Activity (please select anticipated program participation):

- All 4-H activities and events for program year
- Working with dogs
- Physical Fitness Program
- Shooting Sports

Cloverbud Members

- 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
- Working 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 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.

I have read the above and by signing part #6, 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 #2: PHOTO RELEASE

By signing part #6, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me and/or my child participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me and or my child. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Please Circle: Yes OR No

Member Name: _____

PART #3: CODE OF CONDUCT

YOUTH CODE OF CONDUCT

4-H members participating in or attending club, county, regional, district, state and national programs, activities, events, shows, and contests sponsored for youth by the 4-H Youth Development Program of Cornell Cooperative Extension Monroe County are required to conduct themselves according to the following *Code of Conduct*.

- I will respect the rights and feelings of all the members, leaders and guests of my 4-H club.
- I will not use anyone else's things without permission.
- I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
- I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
- I will not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
- I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required for a project, class or activity. (I understand that my leader or the instructor will give me a written list of equipment if such items are needed.)
- When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.
- I will not bully any of my fellow 4-H members. I will do my best to make sure that everyone in my group feels included.
- When I am participating in a 4-H program or activity I will make sure that my use of social media and cell phones is appropriate and is respectful to my club leader and fellow 4-H members.

Any violation of this Code of Conduct may result in disciplinary action up to and including removal from the program.

By signing part #6, the 4-H member promises to obey the 4-H member's Code of Conduct and the parent has read the 4-H member's Code of Conduct and has witnessed his/her child's signature.

PART #4: CHILD/CUSTODIAL RELEASE

If there are any restrictions regarding the release of information or custody as to either parent, please list in the space provided below or on an 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 Monroe County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

PART #5: MEDICAL RELEASE AUTHORIZATION, October 2018–September 2019

(If any of this information changes, you are responsible for notifying the 4-H office)

Name: _____ D.O.B.: ____/____/____

Parent Name: _____

Contact Info: _____

MEDICAL HISTORY

(Please list any illnesses such as diabetes or seizures or allergies [including food and environmental allergies].)

Date of last Tetanus Booster: ____/____/____

Current prescribed medications (specify name, dosage, and administration time): _____

Please specify any other health concerns, physical activity restrictions, and/or other information you want the 4-H staff, leaders or event chaperones to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs. **Please be advised that based on activity, a doctor's note may be required to validate a child's FULL ability to participate in a safe and healthy manner.* _____

Does enrollee require accommodations for a disability? Yes OR No

If yes, please describe accommodations needed: _____

FAMILY MEDICAL & HOSPITALIZATION COVERAGE

Insurance Company/Government Program: _____

Identification/Policy #: _____

Family Physician: _____ Phone: (____) ____ - ____

EMERGENCY CONTACT

Please list one additional contact, age 18 or older, who could be called in case of emergency if the above named guardians cannot be reached.

1) Name: _____ Relationship: _____

Primary Phone: (____) ____ - ____ Alternate Phone: (____) ____ - ____

PERMISSIONS GRANTED BY SIGNING PART #6

1. 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.
2. 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.

PART #6: 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 herein, specifically including parts #1 Acknowledgement of Risk, #2 Photo Release, #3 Code of Conducts, #4 Child Custodial Release, #5 Medical Release.

4-H Member Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____