



Erie County 2016-2017 Youth Enrollment Application

FEE: \$25.00/one family member; \$50.00 two or more family members-
Make Checks Payable to
CCE of Erie County

PLEASE PRINT CLEARLY AS THIS INFORMATION WILL BE USED FOR MAILINGS

*RETURNING MEMBER Enrollment fee and forms must be returned to: CCE of Erie County, 21 S. Grove Street., East Aurora, NY 14052, NO LATER THAN DECEMBER 1, 2016

PART 1: YOUTH DEMOGRAPHICS

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Contact Email: _____ (email to be used for information regarding events, deadlines, etc.)
(print neatly)

Phone (Home): _____ Cell: _____

Address: _____

City: _____ State: NY Zip: _____

Circle One: Cloverbuds (5-7) Member (8-18) **Circle One:** *Returning Member OR New Member
(K-2nd Grade) (3rd Grade & UP) ()

PRIMARY Club Name: _____ OR _____ Independent Member

Primary Club Leader Signature: _____ Date: _____

Are you also a member of another club? Please list: _____

I am: Hispanic Non-Hispanic I am: Male Female
I am: _____ White/Caucasian _____ Black/African American _____ Asian _____ American Native/Alaskan Native _____ Native Hawaiian or Other Pacific Islander
My 4-H Age is: _____ (age you will be as of 1/1/17) *I am in _____ Grade _____ College _____ Not a student
*Grade for the 2016/2017 school year

My school is: _____
My residence is (circle one): Farm Rural/Town Town Suburb City
Is enrollee from a military family? Yes OR No If yes, please specify—Branch: _____ Status: _____

NOTE: Personal Information is used within the 4-H Program only. Cornell Cooperative Extension of Erie County does not reveal any names, addresses or telephone numbers as a part of a public record or list.

PART 2: PARENT INFORMATION

PARENT 1: _____ Legal Guardian: Yes OR No

NAME: _____ Parent E-Mail: _____

Cell Phone: () _____ - _____
Please fill in address ONLY if different address listed above in Part 1—Youth Demographics

ADDRESS: _____
(Street) (City/Town) (State) (Zip)

PARENT 2: _____ Legal Guardian: Yes OR No

NAME: _____ Parent E-Mail: _____

Cell Phone: () _____ - _____
Please fill in address ONLY if different address listed above in Part 1—Youth Demographics

ADDRESS: _____
(Street) (City/Town) (State) (Zip)

PART 3: ACKNOWLEDGEMENT OF RISK FORM – 4-H Member

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

Incomplete forms will be returned and youth will not be permitted to participate in club programs or activities.

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 Erie County

4-H Program Year: October 1, 2016 – September 30, 2017

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

CLOVERBUDS(youth 5-8 years old only):

- 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 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.

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.

PART 4: CODE OF CONDUCT

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination. CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University’s Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

Ground Rules

The following Ground Rules apply to all 4-H participants and volunteers. In addition to these expectations, CCE volunteers are accountable to additional expectations outlined in the CCE Volunteer Code of Conduct. Extension staff is accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

- Create a Welcoming Environment for All.** Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
- Bring Your Best Self.** Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others
- Obey the Law.** Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlled substances.
- Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow [Cornell Cooperative Extension Non-Discrimination Policy](#).
- Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable. Be considerate and courteous of all youth and adults and their property.
Youth must stay in the designated dormitory lodging areas: boys may not be in girls’ dormitory or lodging areas and girls may not be in boys’ dormitory or lodging areas.
Report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the NYS 4-H, Extension staff, and Event Coordinators as soon as possible.
- Be a Team Player.** Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group’s decisions.
- Participate Fully.** Participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!
- Watch What You Wear.** Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don’t wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.
- Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary stands of conduct at all 4-H activities.

Consequences

Any of the following may be used, depending on severity of the situation:

Participant will receive a verbal warning.

Participant may remain at the event/activity, but may possibly be barred from a future event.

Participant may be asked to leave the event/activity. If a youth, the parent(s) will be called and the youth will be sent home at family’s expense.

I have read and understand the above and will abide by the Erie County 4-H Youth Development Code of Conduct.

4-H Member (Youth) Signature

Date



SIGN HERE

Parent or Guardian Signature

Date



SIGN HERE

PART 5: PHOTO RELEASE INFORMATION

By signing this form, 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 participating in Cornell Cooperative 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. 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

Select & Initial HERE

Parent/Guardian: Please initial: _____

PART 6: PROGRAM EVALUATION CONSENT

Through participation in Cornell Cooperative Extension and 4-H programs, you or your child may be asked to complete a survey about their experiences in the program or activity. The New York State 4-H State Office at Cornell University regularly uses data collected from these surveys for evaluation efforts designed to inform our programming and to provide better, more meaningful educational experiences in the future. Participation in the survey is anonymous, voluntary, and there is no impact on program participation if someone refuses to complete a survey. A participant, parent, or guardian may withdraw consent at any time and a participant may refuse any survey request at any time.

Check here if you DO consent.

Select & Initial HERE

Parent/Guardian: Please Initial: _____

PART 7: PROJECT PARTICIPATION

Please Circle I plan to participate in the following animal project (s)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • • 4-H Market Steer • • 4-H Dairy • • 4-H Dairy Lease Program • • 4-H Market Lamb • • 4-H Sheep Lease Program • • 4-H Market Hog | <ul style="list-style-type: none"> • • 4-H Market Goat • • 4-H Working Goat • • 4-H Dairy Goat • • 4-H Goat Lease Program • • 4-H Poultry • • 4-H Market Poultry | <ul style="list-style-type: none"> • • 4-H Turkeys • • 4-H Llamas • • 4-H Rabbits/Cavies • • 4-H Market Rabbits • • 4-H Dogs • • 4-H Horses (over 9 years of age and riding horse) |
|--|--|--|

Is this your first year for any of these projects? NO or YES: If Yes, which one(s): _____

I have read the rules and procedures in the **4-H Livestock Handbook** for this program and by signing my name below I agree to follow them.

4-H Members Signature

Parent or Guardian Signature

Please Circle All that Apply- I plan to participate in the following project (s)

Arts and Crafts
Cloverbud Projects (ages 5-7)
Food & Nutrition
Community Service
Photography

Textiles and Clothing
Ornamental Horticulture
Shooting Sports (ages 12-18)
Teen Ambassador (ECTA)

Other(Please List):-

NYS 4-H Permission Slip

Information in this form will be used to help ensure a safe, positive experience for you and/or your child. Only Cornell Cooperative Extension and 4-H staff (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

4-H Program Year: October 1, 2016 – September 30, 2017

Participant Information (please print):

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Address (city, state, and zip code): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Release

Family Medical and Hospitalization Coverage

Type of Insurance Coverage: _____ Subscriber of Policy: _____

Address of Insurance Company: _____ Identification/Policy #: _____

Family Physician's Name: _____ Phone: _____

Medical History – please check all that apply

Medical Conditions

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Asthma
- Other (specify): _____

Allergies

- Hay Fever
- Insect Stings
- Ivy Poisonings
- Penicillin
- Other (specify): _____

Food Allergies/Dietary Restrictions

- Peanuts
- Milk
- Eggs
- Tree Nuts
- Seafood/Shellfish
- Gluten Products
- Other (specify): _____

Date of Last Tetanus Booster: _____

Current Prescribed Medication (specify): _____

Please specify any other health concerns, physical activity restrictions, and/or any other information you want 4-H staff and chaperones to be aware of on behalf of your child's welfare: _____

Parent/Guardians

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 NAME (print): _____

SIGNATURE: _____ DATE: _____

