**Preferred Communication Method**
The Extension Office communicates with 4-H families through a variety of methods – Club Leaders, monthly Leaders meetings, the Friday News, our office Facebook page, and our website. Help us share information with your family by answering these questions.

Where do you learn about upcoming 4-H opportunities and happenings?
- My Club Leader
- Other members/families in my club
- Monthly Leader Meetings
- Friday News (email)
- Friday News (mail)
- Facebook Page
- CCE Clinton County Website

Other:

What is the best way for us to share information with you?
- My Club Leader
- Other members/families in my club
- Monthly Leader Meetings
- Friday News (email)
- Friday News (mail)
- Facebook Page
- CCE Clinton County Website

Other:

How can we communicate with your family better?

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**Publicity Release Form**
Please list each person in your family (youth and adults).

I, the undersigned, hereby

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Do consent and authorize</th>
<th>Do Not consent and authorize</th>
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</thead>
<tbody>
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The Use or Reproduction, by Cornell Cooperative Extension (CCE) Clinton County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me and of any and all written essays or any other written material provide by my son/my daughter/my ward in any authorized CCE event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of CCE programs. By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.
Acknowledgement of Risk – 4-H Member
This must be completed to participate in 4-H clubs and related activities and 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 children to participate in the 4-H club and/or activity indicated below and acknowledge as follows:
I fully understand and acknowledge that there are inherent risks and dangers in my children’s participation in the 4-H club and activities and my children’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 children are in good health and are 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 are able to participate in any strenuous physical activity associated therewith.

Dates: 4-H Program Year:
October 1, ________ to September 30, _______

<table>
<thead>
<tr>
<th>4-H ACTIVITY</th>
<th>All 4-H activities and events for program year</th>
<th>Working with dogs</th>
<th>Physical Fitness programs</th>
<th>Shooting Sports</th>
<th>Cloverbud (youth 5-7 years old only) activities</th>
<th>Cloverbud (youth 7 years old only) activities</th>
<th>Eventing activities working with equine and animal</th>
<th>Participating in an equine club</th>
<th>Working with equines beyond club level including clinics, camps, shows</th>
<th>Working with equines in mounted activities*</th>
</tr>
</thead>
</table>
| Child’s Name | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ •

* 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 I agree it is my intention to have my children 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.

Acknowledgement of Risk – Adults
This section must be completed by all participants 18 years & older.

I hereby apply to participate in the program described below and I acknowledge as follows:
I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers. I am in good health and I am at or above the minimum age of 18 required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith. I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of the sponsoring County Association, the choice of which shall be at the sole discretion of CCE.

Dates: 4-H Program Year:
October 1, ________ to September 30, _______

<table>
<thead>
<tr>
<th>4-H ACTIVITY</th>
<th>Adult’s Name</th>
<th>Date of Birth</th>
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4-H Family Codes of Conduct

4-H Member Code of Conduct

These standards of behavior are set by the Youth and Families Program Committee for all youth participating in 4-H. Everyone is responsible for upholding and following this code so that we may work together well and achieve our program goals.

- I will be considerate and courteous and respect the rights and feelings of all the members, leaders and guests of my 4-H club.
- I will act in a mature, responsible way, remembering that I am a role model and representing Clinton County 4-H.
- 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 with 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. While participating, I will make sure to act so that everyone involved can stay safe, have fun, and learn something.
- I will not use or bring to any 4-H meeting or activity any alcoholic beverage, tobacco product, or illegal drug.
- 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 an activity. (I understand that my leader will give me a written list of equipment when such items are needed.)
- I will dress appropriately for 4-H events, following special event guidelines when requested.
- When I participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.

Consequences: I understand that if I choose not to follow this code, I may
- In mild cases, receive a warning
- Be able to remain at the event, but be barred from a future event
- Lose Fair premiums (if misbehavior occurs at Fair)
- Be sent home at my family’s expense.
- Be asked to a conference with Staff, the Program Committee, and my family

4-H Adult Code of Conduct

All adults associated with Cornell Cooperative Extension (CCE) 4-H programs are required to accept and adhere to the following standards of behavior when attending and participating in 4-H activities.

- Respect and adhere to CCE rules, policies and guidelines that relate to activity and the program.
- Participate in and conduct CCE activities in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my participation) about program participants and CCE internal affairs that have been entrusted to me as affirmed by my signature on Confidentiality Agreement.
- Refrain from using my CCE affiliation for personal or business financial gain.
- Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all 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.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

Adults should set a positive example for the 4-Hers. Here are some suggestions for dealing with a disagreement or conflict:
- Assume the other person has positive intentions.
- Remember the doctor’s credo and the golden rule: first do no harm and treat others as you would like to be treated.
- Everyone needs to practice patience.
- When a situation makes you angry or upset, pause, breathe, then talk, don’t scream. Walk away from a situation until all parties involved are calm, and then deal with it.
- Before you talk, think, do I want young people to sound like this?
- Remind yourself that 4-H members are watching and move the discussion out of in front of the youth.
- Try to find out the whole story. Listen to all sides. If you’re not sure, ask questions.
- Use I statements: “In this situation, I feel…”
- Think twice – there may be underlying reasons unknown to you that causes the reaction you’re getting.
- If you disagree with a situation, remember everyone has an opinion and their own way of doing things.
- Bring situations to staff as soon as possible.
Signatures

With my signature, which I voluntarily affix to this, I acknowledge having read the 4-H Member Code of Conduct with my child and have witnessed my child’s signature. I further acknowledge that I have read, understood, and will do my best to fulfill the promises made in the 4-H Adult Code of Conduct. If the Publicity Release agreement is being signed for a child/ward I certify that I am the Parent/Guardian authorized to sign this release.

Date: 

(Each 4-H member should sign this form. All adults and parents/guardians involved in 4-H with their child should sign this form; a minimum of one adult per 4-H member.)

Child(ren) enrolled in the program (if applicable):

<table>
<thead>
<tr>
<th>(4-H Member’s name- please print)</th>
<th>(4-H Member’s name- please print)</th>
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</thead>
<tbody>
<tr>
<td>(Signature of 4-H Member)</td>
<td>(Signature of 4-H Member)</td>
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<tr>
<td>(Signature of 4-H Member)</td>
<td>(Signature of 4-H Member)</td>
</tr>
</tbody>
</table>

Adults participating in the program:

<table>
<thead>
<tr>
<th>(Adult’s name- please print)</th>
<th>(Adult’s name- please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signature of parent or guardian)</td>
<td>(Signature of parent or guardian)</td>
</tr>
</tbody>
</table>

CCE Witness

| (CCE Staff name/title- please print) | (Signature of CCE Staff) |
Cornell Cooperative Extension
Permission Slip and Medical Release Form

Activity: 4-H events and activities  4-H Program Year: __________
Location: Various

Family Information
Address: __________________________________________________________
Parent/Guardian Name(s): __________________________________________ Phone: (____)_____-
In case of emergency, contact: ________________________________ Phone: (____)_____-

Family Medical and Hospitalization Coverage
Name of Insurance Company or Government Program: ____________________________
Identification/Policy #: ________________________________________________
Family Physician’s Name and Phone Number: ________________________________

Child 1 Information
Name: ____________________________________________ Birthday: __/__/___
Medical History
Check any and all that apply to your child: Date of Last Tetanus Booster: __/__/___
Illnesses
☐ Ear Infections
☐ Rheumatic Fever
☐ Convulsions
☐ Diabetes
☐ Other (specify): __________________________

Allergies
☐ Hay Fever
☐ Insect stings
☐ Ivy Poisonings
☐ Penicillin
☐ Other (specify): __________________________

Current prescribed medication (specify):
Special dietary needs:

Other: please specify any other health concerns, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of on behalf of your child’s welfare.

Child 2 Information
Name: ____________________________________________ Birthday: __/__/___
Medical History
Check any and all that apply to your child: Date of Last Tetanus Booster: __/__/___
Illnesses
☐ Ear Infections
☐ Rheumatic Fever
☐ Convulsions
☐ Diabetes
☐ Other (specify): __________________________

Allergies
☐ Hay Fever
☐ Insect stings
☐ Ivy Poisonings
☐ Penicillin
☐ Other (specify): __________________________

Current prescribed medication (specify):
Special dietary needs:

Other: please specify any other health concerns, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of on behalf of your child’s welfare.
### Child 3 Information

**Name:** 

**Birthday:** ___/___/

**Medical History**

Check any and all that apply to your child:

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<tr>
<th>Illnesses</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Infections</td>
<td>Hay Fever</td>
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<tr>
<td>Rheumatic Fever</td>
<td>Insect stings</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Ivy Poisonings</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Penicillin</td>
</tr>
<tr>
<td>Other (specify): ____________________</td>
<td>Other (specify): ____________________</td>
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</tbody>
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**Date of Last Tetanus Booster:** ___/___/

**Current prescribed medication (specify):** ____________________

**Special dietary needs:** ____________________

**Other:** Please specify any other health concerns, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of on behalf of your child's welfare.

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### Child 4 Information

**Name:** 

**Birthday:** ___/___/

**Medical History**

Check any and all that apply to your child:

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<tr>
<th>Illnesses</th>
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<td>Penicillin</td>
</tr>
<tr>
<td>Other (specify): ____________________</td>
<td>Other (specify): ____________________</td>
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</table>

**Date of Last Tetanus Booster:** ___/___/

**Current prescribed medication (specify):** ____________________

**Special dietary needs:** ____________________

**Other:** Please specify any other health concerns, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of on behalf of your child's welfare.

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I hereby give my children 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. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

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.

_________________________

(Signature of parent or guardian)  _________________________

(Date)