DATE: October 1, 2016  
TO: 4-H Members, Leaders and Volunteers  
FROM: Dorothy Slegle  
4-H Community Educator  
Melissa Watkins  
4-H Community Educator  
RE: 4-H Enrollment Paperwork 2016-17  

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of youth involved in the programs we offer, but it also provides liability coverage; any youth participating in a 4-H event, meeting, etc. must be enrolled or they are not covered. Enrollment in 4-H is not optional; it is required for participation. **Youth must (re)enroll within 30 days of attending your first 4-H meeting, activity or event.**

In this year’s 4-H Enrollment information packet you will find:

- Enrollment Forms  
- Medical/Photo Release Form  
- Code of Conduct Form  
- Acknowledgement of Risk Form  
- Project List (Indicate the number of years you have been involved with each project)

Youth and volunteers may choose to enroll as they did last year, join a different club, add an additional club, form a new club or become an independent member. Those enrolled in more than one club should let us know your interest in continuing with each club. Enrollment will not be accepted if any of the above forms listed are missing or incomplete.

We ask ALL youth members to pay an annual nominal fee to help us cover the costs of programming, events and more. Rates for the 2016-2017 club year are:

<table>
<thead>
<tr>
<th></th>
<th>Cayuga County Resident</th>
<th>Non-Cayuga County Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloverbuds (age 5 - age 7 as of January 1, 2017)</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>4-H Members (age 8 through age 18 as of January 1, 2017)</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td>Family Rate (three or more members residing at same address)</td>
<td>$50</td>
<td>$60</td>
</tr>
</tbody>
</table>

**Re-Enrollment (paperwork and any fees) are Due December 1, 2016** Re-enrollments received between December 2 - January 5 will be accepted with an additional fee of $5 per youth. The additional $5/youth fee is not covered under the enrollment scholarship form or the family rate. **If you were a 4-H member during the 2015-16 year, you must (re)enroll by January 5th in order to be eligible for 2017 Fair activities.**

**Please note** that youth participating in Cayuga County 4-H are required to participate in fundraising efforts to offset the costs of programming. This can include a family opt-out donation, and/or participation in one of the Cayuga County 4-H fundraisers. A minimum opt-out donation of $25.00/youth enrolled is payable by April 1, 2017. **If you would prefer to fundraise instead of an opt-out donation, please note that each enroled youth should fundraise at least $50 to cover the costs associated with fundraising. Keep in mind that Remember the Big 6 donations do not count toward 4-H fundraising.** For 2017, there will be other specific events to raise funds for 4H-Youth Fair participation, final guidance will come from the Cornell Cooperative Extension of Cayuga County Board of Directors.

Please make checks payable to “CCE of Cayuga County” and mail to our Auburn address, Attn: Peggy Lillie, Office Manager. Include in memo line on check “4-H enroll.” Please indicate if you require a receipt of your payment. Payment and forms may be dropped off in person between 8 a.m.-4:00 p.m. Monday thru Friday, mailed via US Postal Service or through other arrangements. Scholarship applications are available for those with financial need. Contact the Cayuga County 4-H office for an application. **Scholarship applications must be turned in with all enrollment forms.**

If you have any questions, please contact our office at (315) 255-1183. Thank you!

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.
**Cayuga County 4-H Member Enrollment**

**4-H Year: 2016-2017**

**Status**
- □ New
- □ Returning/Re-Enrollment
- □ Inactive
- □ Terminated
- □ Alumni

**Date Enrolled:** __________

<table>
<thead>
<tr>
<th>Enrollment Type (Circle One):</th>
<th>New Enrollment</th>
<th>Re-Enrollment</th>
<th>Non-County Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category (Circle One):</td>
<td>Member</td>
<td></td>
<td>Cloverbud</td>
</tr>
</tbody>
</table>

**County Resident Fees:**
- ___Enclosed is $15 per cloverbud membership (Age 5-7 as of Jan 1st)
- ___Enclosed is $25 per 4-H member (Ages 8-18 as of Jan 1st)
- ___Enclosed is $50 for a family membership of three or more.

**Non-County Resident Fees:**
- ___Enclosed is $20 per cloverbud membership (Age 5-7 as of Jan 1st)
- ___Enclosed is $30 per 4-H member (Ages 8-18 as of Jan 1st)
- ___Enclosed is $60 for a family membership of three or more.

*Opt-Out of Fundraising Donation* ($25/youth, with a maximum family rate of $75). Donation can be included with enrollment now, or sent in another time by **April 1, 2017.**

______ Yes, I am including my donation now.

**Youth Last Name**

**Youth First Name**

**Email**

**Date of Birth (Youth Only)**

**Cell Phone**

**Primary Phone** ( )

**Work Phone**

**Mailing Address**

**Mailing Address 2**

**City**

**County (of residence)**

**State**

**Zip**

**Year in 4-H**

**Receive Email Newsletters** □ Yes □ No

**Gender**

□ Male □ Female

**Parent/Guardian 1 Information:**

**“I consent to receiving texts from CCE” My Cell Carrier is:**

**Parent 1 Last Name**

**Parent 1 First Name**

**Mobile Phone**

**Work Phone**

**Mailing Address 1**

**Mailing Address 2**

**City**

**County (of residence)**

**State**

**Zip**

**Email**

**Legal Guardian** □ Yes □ No

**Receive Email Newsletters** □ Yes □ No

**Parent/Guardian 2 Information:**

**“I consent to receiving texts from CCE” My Cell Carrier is:**

**Parent 2 Last Name**

**Parent 2 First Name**

**Mobile Phone**

**Work Phone**

**Mailing Address 1**

**Mailing Address 2**

**City**

**County (of residence)**

**State**

**Zip**

**Email**

**Legal Guardian** □ Yes □ No

**Receive Email Newsletters** □ Yes □ No
## ES 237 Demographics:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Are you of Hispanic ethnicity?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>□ White □ Black □ American Indian or Alaskan Native</td>
<td>□ Native Hawaiian or Pacific Islander □ Asian □ Prefer Not to State</td>
</tr>
<tr>
<td>Residence</td>
<td>□ Farm(Rural area where agricultural products are sold) □ Town under 10,000 &amp; rural non-farm □ Town/City 10,000-50,000 &amp; suburbs</td>
<td>□ Suburb of city more than 50,000 □ Central city more than 50,000</td>
</tr>
<tr>
<td>Military</td>
<td>□ No one in my family is serving in the military □ I have a sibling serving in the military</td>
<td>□ I have a parent serving in the military</td>
</tr>
<tr>
<td>Branch Component</td>
<td>□ Air force □ Army □ Coast Guard □ DOD Civilian □ Marines □ Navy □ Active Duty □ National Guard □ Reserves</td>
<td></td>
</tr>
<tr>
<td>Grade School Type (Youth Only)</td>
<td>School Name</td>
<td>□ Public School □ Homeschool/Alternative □ Private School □ Magnet/ Specialized School □ Special Education □ Charter School</td>
</tr>
</tbody>
</table>

## Enrollment Information:

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>□ Member □ Cloverbud/Mini member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Enrolled</td>
<td>4-H age: _______ Years In 4-H: ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment Fee (if applicable)</th>
<th>Paid : □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check #: ________________</td>
<td>Payment method: □ Cash □ Check</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this individual a Youth Volunteer?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Youth member a club officer?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club Officer position: ____________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forms Submitted</th>
<th>□ Medical Release □ Acknowledgement of Risk □ Code of Conduct From</th>
</tr>
</thead>
</table>

## Projects

| Enroll (New Project): ________________ (New Project): ________________ |
|-----------------------------|-----------------------------|

## Activities

| Enroll (New Project): ________________ (New Project): ________________ |
|-----------------------------|-----------------------------|
New York State 4-H Program Cornell Cooperative Extension

NYS 4-H 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.

1. **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.

2. **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.

3. **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.

4. **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](#).

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More on Back
5. **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.
   a. 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.

6. **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.

7. **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!

8. **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.

9. **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:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may possibly be barred from a future event.
3. 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 NYS 4-H Youth Development Code of Conduct.

______________________________  _________________________
Signature of 4-H Youth or Adult    Date

______________________________  _________________________
Signature of Parent/Guardian (if youth)  Date

Adopted October 1, 2015
Revised October 1, 2016
Cayuga County 4-H Permission Slip

Includes Medical Release/Photo Release/ Program Evaluation Consent

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.

Activity Date(s): October 1, 2016 - September 30, 2017 Activity: 4-H Club, County and State events

Participant Information (please print):
Participant’s Name: __________________________________________ Date of Birth: __________________________
Address (city, state, and zip code): __________________________________________
Primary Phone: __________________________________________

Check one:  □ Youth  □ Adult Volunteer  □ CCE Staff

If youth:
Parent/Guardian Name: __________________________ Phone: __________________________
Emergency Contact Name: __________________________ Phone: __________________________

Medical Release:

Family Medical and Hospitalization Coverage
Type of Insurance Coverage: __________________________ Subscriber 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/Shelffish  ☐ Gluten Products  ☐ Other (specify) _________

Date of Last Tetanus Booster: __________
Current Prescribed Medication (specify): __________________________________________

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse’s office. As needed, participants will request their medication from the nurse for self-administration.

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.

• I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child’s self-administration for the duration of the event, as described above.

Initials: __________  Initials: __________

More on Back
**Photo Release**

Cornell Cooperative Extension and the 4-H Program is 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, 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.

☐ Check here if YOU DO consent.  ☐ Check here if YOU DO NOT consent.  

*Initials: _______

**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.  ☐ Check here if YOU DO NOT consent.  

*Initials: _______

**Permissions Granted**

I hereby consent or 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.

Parent/Guardian or Adult Participant Signature: _____________________________  Date: __________
Acknowledgement of Risk Form – 4-H Member

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 Junior & Senior 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 Cayuga County
4-H Program Year: October 1, 2016 – September 30, 2017

4-H CLUB ACTIVITY (Please select anticipated program participation):
☐ All 4-H activities and events for program year
☐ Working with dogs
☐ Physical Fitness Programs
☐ 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 Cayuga 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 venue 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: ______________

Revised: October 1, 2016