Cornell University
Cooperative Extension
Monroe County

Monroe County
2449 St. Paul Blvd.
Rochester, NY 14617
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Dear Future 4-Hers,

Welcome to Monroe County 4-H! It is always an exciting time of the year to be a 4-H member; new projects are starting, and program opportunities are abundant!

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
- 4-H Newsletters and emails
- Scholarship opportunities
- Achievement event and recognition opportunities
- Participation in County Fairs, 4-H Expo, 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 2020-2021 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 $20 per youth with a maximum of $50 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. These typically include the Annual Chicken BBQ and Barnes & Noble Book fair. There may be *additional club-specific fundraisers* to support club events and outings as well. 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.

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.

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
monroe4H@cornell.edu

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. Cornell Cooperative Extension of Monroe County is supported by public and private funding. Primary cooperating partners are the County of Monroe, the State of New York and SUNY's Land Grant Colleges at Cornell University, and the U.S. Department of Agriculture.

OFFICE USE ONLY *Date Received: _____/_____/_____* *Total Received: $_____*

Cash *OR* *Check: #_____* *Date Entered in 4-H Online: _____/_____/_____*

4-H Youth Enrollment Form

To enroll in the 4-H Program, complete this form and submit the enrollment fee ($20/youth; maximum $50 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:_____ 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 $20 per youth ($50 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: #_____

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

4-H Year 2020-21

Cornell Cooperative Extension Monroe County

4-H MEMBER ENROLLMENT FORM

Enrollment Year October 1, 2020–September 30, 2021

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, 2020–September 30, 2021

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

PART #3: CODE OF CONDUCT

YOUTH CODE OF CONDUCT

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. The following ground rules apply to all 4-H participants:

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.
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.
   b. 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.

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 2020–September 2021

(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:** _____/_____/_____

CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization**. COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than the designated number regulated by NYS.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Monroe County ("CCE") has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19**.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Monroe County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:
Date:
Signature: