

Part #1: NYS 4-H Member Enrollment Form

4- H Year: 2022-2023

Member Information:			
Last Name		First Name	
Preferred Name		Date of Birth (Youth Only)	
Email		Primary Phone	
Cell Phone		Work Phone	
Emergency Contact Name		Emergency Contact #	
Mailing Address		Mailing Address 2	
City		County (of residence)	
State		Zip	
Township		M.I	
Receive Email Newsletters	□ Yes □ No	Gender	☐ Male ☐ Female☐ Gender Identity not liste☐ Prefer not to respond
Parent/Guardian 1 Informa	tion:	rrier is:My cell pho	
1 - A Marian	FOR OFFICE USE ONI	LY: Family ID:	
Last Name		First Name	
M.I		Preferred Name	
Mobile Phone		Work Phone	
Mailing Address 1		Mailing Address 2	
City		County (of residence)	
State		Zip	
State Occupation		Zip Email	
	□ Yes □ No		□ Yes □ No

Parent	/Guardian	2 Infor	mation:
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FOR OFFICE USE ONLY: Famil	ly ID:
FOR OFFICE OSL CIALL Failing	YID.

□ Black □ American Indian or Alaskan Native □ Black □ American Indian or Alaskan Native □ Subscience □ Farm □ Town under 10,000 & rural non-farm □ Town /City 10,000-50,000 & suburbs □ No one in my family is serving in the military □ I have a sibling serving in the military	
Mailing Address 2 City County (of resider State Zip Occupation Email Legal Guardian Yes No Receive Email New "I consent to receiving texts from CCE" My Cell Carrier is:M S 237 Demographics: Ethnicity Are you of Hispanic ethnicity? Yes No Race White Black American Indian or Alaskan Native Black	
City County (of resider Zip Coccupation Email Legal Guardian Yes No Receive Email New Yes My Cell Carrier is: Mr	
State Coccupation Email Legal Guardian Yes No Receive Email New Clarrier is: Most State Are you of Hispanic ethnicity? White Black American Indian or Alaskan Native NYS 4-H Member Enrollment Form Farm Town under 10,000 & rural non-farm Town /City 10,000-50,000 & suburbs Itilitary No one in my family is serving in the military I have a sibling serving in the military	
Occupation Email	ce)
Legal Guardian	
"I consent to receiving texts from CCE" My Cell Carrier is:	
S 237 Demographics: Ethnicity	vsletters □ Yes □ No
Race White Black American Indian or Alaskan Native Race White American Indian or Alaskan Native Race American Indian or Alaskan Native Race Farm Summary Town under 10,000 & rural non-farm Town /City 10,000-50,000 & suburbs Illitary No one in my family is serving in the military I have a sibling serving in the military I have a siblin	
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NYS 4-H Member Enrollment Form Parm Town under 10,000 & rural non-farm Town /City 10,000-50,000 & suburbs No one in my family is serving in the military military I have a sibling serving in the military	
NYS 4-H Member Enrollment Form Farm	Native Hawaiian or Pacific Islander
Farm	Native Hawaiian or Pacific Islander sian
military milit	
	sian
Air force □ Army □ Coast Guard □ Marines □ Active Duty □ National Guard □ Reserves	burb of city more than 50,000 Central city more than 50,000 ave a parent serving in the
GradeSchool Name	burb of city more than 50,000 Central city more than 50,000 ave a parent serving in the ary
School Type Public School	burb of city more than 50,000 Central city more than 50,000 ave a parent serving in the ary

	☐ Private School	☐ Magnet/ Specialized	School
	☐ Special Education	□ Charter School	
Enrollment Information:			
Status	□ New □ Returning/ Re-	Enrollment	
Enrollment Category	☐ Member ☐ Clover	bud Club:	
	Date Enrolled:	4-H age: Years In 4	
Enrollment Fee (if	Paid : □ Yes □ No	Payment method: ☐ Cash ☐ Cl	
applicable)	Check #:		
Is this individual a Youth Volunteer?	□ Yes □ No		
Is Youth member a club officer?	□ Yes □ No	Club Officer position:	
Forms Submitted	☐ Photo Release ☐ Acknowledgement of Risk ☐ Code of Conduct From		
Educational Focus:			
Clubs	□ Enroll		
	(New Club):	(New Club):	
	(New Club):	(New Club):	
Projects	□ Enroll		
	(New Project):	(New Project):	
	(New Project):	(New Project):	
	(New Project):	(New Project):	
	(New Project):		
Activities			
ب فالحد ب			
Certifications			
Certifications			

(Youth Only)

New York State 4-H Program Cornell Cooperative Extension



Part #4: 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.

- 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 <u>Cornell Cooperative Extension Non-Discrimination Policy</u>.
- 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 standards 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/program. If a youth, the parent(s) will be called and the youth will be sent home at family's expense.
- 4. Additional consequences including suspension or termination of membership may be considered at the County level to ensure the health, safety and well being for all participants.

Part #5: Signatures

With my signature, which I voluntarily affix to this document, I acknowledge that this information is accurate to the best of my knowledge, and I have read and understand the terms of all acknowledgments and agreements herein, specifically including parts #1 Member enrollment information, #2 Acknowledgment of Risk, #3 Photo Release, and #4 Code of Conduct.

PARTICIPANT'S NAME (print):	
DATE OF BIRTH:	
ADDRESS:	
PARENT GUARDIAN NAME (print):	
SIGNATURE:	DATE:
YOUTH SIGNATURE:	

Acknowledgement of Risk Form – 4-H Member – Non-Horse Club 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 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 five (5) for Cloverbud members and eight (8) for regular 4-H members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornel	ell Cooperative Extension of Co	ounty
DATE((S): 4-H Program Year: October 1, 20 September 30	, 20 4-H CLUB ACTIVITY
G G G For Clo	anticipated program participation: All 4-H activities and events for program year Working with dogs Physical Fitness programs Shooting Sports overbuds (youth 5-8 years old only): Cloverbud activities Cloverbud working with equine or other animal programs	
I have	e read the above and by signing it I agree it is my int ated activity and I understand and accept the risks in	ention to have my child participate in the volved.
disput	shall be binding on my heirs, successors, assigns, adr tes arising out of my child's participation in the activ tate of New York of the County where the County Ext	ity shall be venued in the Supreme Court of
I am a docun	at least twenty-one (21) years of age and I am the le	egal parent/guardian authorized to sign this
DATE	CIPANT'S NAME (print) OF BIRTH: ESS:	
PAREN [*]	IT GUARDIAN NAME (print):	
SIGNA	ATURE:DATE:	
This fo	orm must be kept on file until participant reaches age	twenty-one (21).



F.O.R.M. Code 1501 2018 Edition

Photo and Image Release

Cornell Cooperative Extension of County (CCE) is granted permission to use and/or publish my or my child's photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.
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 CCE and all persons acting under its 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.
If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.
Name of Child/Ward: (PRINT)
Name of Parent/Guardian: (PRINT)
Signature: Date:

Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.

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 #

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Clinton 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 Clinton County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:	
Date:	
Signature	

Cornell Cooperative Extention Clinton County

Signature (Youth & Guardian)

6064 State Route 22, Suite 5 Plattsburgh NY 12901 t. 518.561.7450 f. 518.561.0183 w. http://cceclinton.org/





Date

DATE: September 1 st , 2022 – Indefinitely
NAME:
FROM: Chelsea Denny, 4-H Youth Development Educator
RE: County Fair and State Fair Premium Checks
Thank you for your participation in this year's Clinton County Fair and/or NYS Fair.
As there are several staff involved in calculating, reviewing, creating, issuing and tracking fair premium checks, we are instituting a new guide this year:
If your fair premium check is not cashed within 90 days from the date issued, the check will not be reissued, but rather voided, and the amount will be considered a donation to the Clinton County 4-H Program.
If you have any questions regarding your check, please feel free to contact me directly at the Clinton County Cornell Cooperative Extension Office.
Acknowledged:
Printed Name (Youth & Guardian)