NYS 4-H Member Enrollment Form

Equine Member

4- H Year: 2026-2027

Member Information:

Last Name	**First Name Date of Birth**
Preferred Name	**(Youth Only) Primary**
Email	**Phone Work Phone ( )**
Cell Phone	**Emergency Contact #**
Emergency Contact Name	**Mailing Address 2**
Mailing Address	**County (of residence)**
City	**Zip**
State	**M.I**
Township	**Gender**
Receive Email Newsletters Yes No	Male Female Gender Identity not listed Prefer not to respond

"I consent to receiving texts from CCE" My Cell Carrier is: _____My cell phone number is: _____

Parent/Guardian 1 Information:

FOR OFFICE USE ONLY: 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**
Occupation	**Email**
Legal Guardian Yes No	**Receive Email Newsletters** Yes No

"I consent to receiving texts from CCE" My Cell Carrier is: _____My cell phone number is: _____

Parent/Guardian 2 Information:

FOR OFFICE USE ONLY: 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**
Occupation	**Email**
Legal Guardian Yes No	**Receive Email Newsletters** Yes No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

ES 237 Demographics:

Ethnicity	**Are you of Hispanic ethnicity?** _ Yes _ No	
Race	_ White	Native Hawaiian or Pacific Islander
	_ Black	Asian
	_ American Indian or Alaskan Native	Prefer Not to State

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Residence	_Farm _Suburb of city more than 50,000 _Town under 10,000 & rural non-farm □Cent. _l city more than 50,000 Town /City 10,000-50,000 & suburbs
Military	No one in my family is serving in th I have a parent serving in the military military I have a sibling serving in the military
Branch Component	Air force Army Coast Guard Marines Navy Active Duty National Guard Reserves
Grade	_____ **School Name** _____
School Type	Public School Homeschool/Alternative

(Youth Only)

_ Private School _ Magnet/ Specialized School
Special Education Charter School

Enrollment Information:

Status	New Returning/ Re-Enrollment
Enrollment Category	Member Cloverbud Club: _____ Date Enrolled: _____ 4-H age: _____ Years In 4-H: _____
Enrollment Fee (if applicable)	Paid : Yes No Payment method: Cash Check 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): _____ (New Project): _____

Activities

Certifications

Youth Signature _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____

Leader Signature _____ **Date:** _____

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.

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

Acknowledgement of Risk Form – 4-H Member/Equine Member

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

This form may be completed during 4-H enrollment for the full program year for 4-H equine activities and events designated below at the club, county, multiple county, regional, 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 eight (8) for regular 4-H Equine club members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of _____ **County**

DATE(S): 4-H Program Year: October 1, 20___ - September 30, 20___

4-H CLUB EQUINE ACTIVITY:

- ☐ 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 three (3) foot in any of the 4-H activities.
- ☐ All of the above

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 twenty-one (21).

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

Acknowledgment of Risk Form - 4-H Cloverbud Member

This form must be completed to participate.

I hereby apply for my child to participate in the 4-H CLOVERBUD activities to be conducted by Cornell Cooperative Extension Association of _____ County and acknowledge as follows:

ACTIVITY: EQUINE PROGRAM OR OTHER ANIMAL PROGRAM

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in said activity 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 _____ required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY. ACCEPTANCE OF MY CHILD INTO THE ACTIVITY AND CONTINUATION OF MY CHILD IN THE PROGRAM IS SOLELY UP TO DISCRETION OF THE COUNTY EXTENSION 4-H PROGRAM STAFF.

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 that require court action shall be venued in the Supreme Court of the State of New York of County where the Association 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) _____

AGE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ DATE:_____

New York State 4-H Youth Development
Code of Conduct

www.nys4-h.org

Our first priority is to create a safe space for learning, sharing, and collaboration welcoming to all people from all backgrounds, cultures and perspectives. CCE actively supports equal educational and employment opportunities by promoting an environment free from discrimination.

All 4-H participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by the 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 the 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. Respect and Dignity for all. Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs.
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 behaviors 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 ensures 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.

New York State 4-H Youth Development
Code of Conduct cont.

www.nys4-h.org

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 the 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**

4-H Program Year: _____

Updated September 2025