



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	
Preferred Pronoun		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not state

"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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No
ES 237 Demographics:	Please note these categories have been determined by federal agencies		
Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State		
Residence	<input type="checkbox"/> Farm Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town /City 10,000-50,000 & suburbs		
Military	<input type="checkbox"/> No one in my family is serving in the <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military <input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		
Branch			
Component			
Grade	<input type="checkbox"/> _____ School Name _____		
School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Magnet/ Specialized <input type="checkbox"/> Private School <input type="checkbox"/> School <input type="checkbox"/> Special Education <input type="checkbox"/> Charter School <input type="checkbox"/> Homeschool/Alternative		
(Youth Only)			
Enrollment Information:			
Status	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning/ Re-Enrollment		
Enrollment Category	<input type="checkbox"/> Member <input type="checkbox"/> Cloverbud (5-7 years as of Jan 1st) Date Enrolled: _____ 4-H age: _____ Years In 4-H: _____		
Is this individual a Youth Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Ulster's definition is youth educating other youth or serving the 4-H in a leadership context- PDCs, Asst Barn Coordinators, Peer Mentors		
Is Youth member a club officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Club Officer position: _____ Options are President, Vice President, Treasurer, Secretary, Reporter, Choose Health Officer, or Other		
Educational Focus:			
Club/Program	Enroll in (please write in names of Club or Program) <input type="checkbox"/> Name(S) of Club/Program: _____ County- led: <input type="checkbox"/> Tractor Safety <input type="checkbox"/> Public Presentations <input type="checkbox"/> Vet Science		
Projects	Enroll in all checked boxes <input type="checkbox"/> Public Presentation <input type="checkbox"/> Community Service <input type="checkbox"/> Arts and Crafts _____ <input type="checkbox"/> Science Tech Engineering and/or Math <input type="checkbox"/> (New Project): _____ <input type="checkbox"/> (New Project): _____ <input type="checkbox"/> (Animal Project- please write species): _____		

PART 1: YOUTH CODE OF CONDUCT

4-H members participating in or attending club, county, regional, district, state and national programs, activities, events, shows, and contests sponsored for youth by the 4-H Youth Development Program of Cornell Cooperative Extension Ulster County are required to conduct themselves according to the following Code of Conduct.

As an Ulster County 4-H member I will:

- Respect the rights and feelings of all and not engage in physical, verbal, emotional, or mental abuse or disrespect of another person.
- Respect all property and will be expected to pay for or replace any damage for which I am responsible
- Cooperate with all appropriate requests made by chaperones, instructors and other adults
- Be at all programs, activities, and meetings on time at designated locations according to chaperone's instructions
- Not use or bring to any 4-H activity any illegal drug, alcohol beverage, vaping or tobacco product
- Not use or bring to any 4-H event any knife, gun or anything else that could be used as a weapon, unless it is part of an authorized shooting sports event or other staff-authorized use.
- Wear 4-H appropriate clothing as stated by the Ulster County 4-H Dress Code or as requested by 4-H staff and Club Leaders
- Not engage in sexual activity or inappropriate public displays of affection at 4-H events (such as sitting on laps etc)
- Complete project work by myself, with only guidance from adults, and not misrepresent project work.
- Not leave the program site unless authorized by an approved Volunteer or Staff Member.
- Not engage in conduct deemed inappropriate for the youth development program by CCEUC staff, or a p p r o v e d 4-H volunteer leader.

If this code is violated, the following steps may be taken:

- The adult chaperone for the youth involved in the violation (extension staff or 4-H leader) will be made aware of the situation.
- The parent(s) may be called and arrangements made for transportation home at the parent's expense.
- The 4-H'er may be barred from participating in 4-H.
- When a violation occurs at a competitive event, 4-H members may be disqualified from the contest and may be ineligible for any awards. Competition in later contests may also be barred.
- If any laws are violated, the case may be referred to the police.

PART 2: PARENTAL CONSENT/YOUTH ASSENT

Through participation in Cornell Cooperative Extension and 4-H programs, youth may be asked to complete a survey about their experiences in the program or activity. In the New York State 4-H Office at Cornell University, we regularly use 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.

PART 3: PHOTO RELEASE

By signing the reverse side of this form, 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 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. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions.

PART 4: 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 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.

4-H Program Year: October 1, 2019 thru September 30, 2020

4-H Club Activity (please select anticipated program participation): OR Cloverbud Members (5-7yrs on Jan 1st)

- ☒ All 4-H activities and events for program year ☐ Cloverbud Activities
- ☐ Working with dogs ☐ Cloverbud working with equine/animal programs
- ☐ Physical Fitness Program
- ☐ Shooting Sports

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 Ulster 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 in part #5 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 5: 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 included in parts: #1 Code of Conduct, #2 Parental Consent/Youth Assent, #3 Photo Release #4 Acknowledgement of Risk, #5 Signatures. Active enrollment will not be acknowledged without signatures and dates completed below.

Youth Name: _____ Youth Signature: _____
(please print name)

Parent/Guardian: _____ Parent/Guardian Signature: _____
(please print name)

Date: _____