



# Cattaraugus County 2017-2018 Youth Enrollment Application

FEE: \$10/child or \$25/family  
Make Checks Payable to CCE of Cattaraugus County

PLEASE PRINT CLEARLY AS THIS INFORMATION WILL BE USED FOR MAILINGS

Enrollment fee and forms must be returned to: CCE of Cattaraugus County, 28 Parkside Drive, Ellicottville, NY 14731

## PART 1: YOUTH DEMOGRAPHICS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_ (email to be used for information regarding events, deadlines, etc.)  
(print neatly)

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

**Circle One:** Cloverbuds (5-7) Member (8-18) Jr. Leader **Circle One:** Returning Member OR New Member  
(K-2nd Grade) (3rd Grade & UP) (member age 13 & assisting in club)

PRIMARY Club Name: \_\_\_\_\_ OR \_\_\_\_\_ Independent Member

Primary Club Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you also a member of another club? Please list: \_\_\_\_\_

I am:  Hispanic  Non-Hispanic I am:  Male  Female  
I am: \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Native/Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
My 4-H Age is: \_\_\_\_\_ (age you will be as of 1/1/18) \*I am in \_\_\_\_\_ Grade \_\_\_\_\_ College \_\_\_\_\_ Not a student  
\*Grade for the 2017/2018 school year

My school is: \_\_\_\_\_  
My residence is (circle one): Farm Rural/Town Town Suburb City  
Is enrollee from a military family? Yes OR No If yes, please specify—Branch: \_\_\_\_\_ Status: \_\_\_\_\_

NOTE: Personal Information is used within the 4-H Program only. Cornell Cooperative Extension of Cattaraugus County does not reveal any names, addresses or telephone numbers as a part of a public record or list.

PARENT 1: \_\_\_\_\_ Legal Guardian: Yes OR No \*\*\*\*\* Please submit a current picture of youth for our files

NAME: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Please fill in address ONLY if different address listed above in Part 1—Youth Demographics

ADDRESS: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

PARENT 2: \_\_\_\_\_ Legal Guardian: Yes OR No

NAME: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Please fill in address ONLY if different address listed above in Part 1—Youth Demographics

ADDRESS: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

## PART 2:

## PART 3: ACKNOWLEDGEMENT OF RISK FORM – 4-H Member

**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 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 **5 for Cloverbud Members and 8 for Regular 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 Cattaraugus County

**4-H Program Year: October 1, 2017– September 30, 2018**

**4-H CLUB ACTIVITY** (Select anticipated program participation):

- All 4-H activities and events for program year
- Working with dogs
- Physical Fitness programs
- Shooting Sports

**CLOVERBUDS (youth 5-8 years old only):**

- 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 or legal guardian)

I am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension in Cattaraugus 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 venued in the Supreme Court of the State of New York in Cattaraugus County. 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 21.**

## PART 4: 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 of Cattaraugus County are required to conduct themselves according to the Code of Conduct.

### **The following are not permitted at 4-H sponsored programs, activities, or events:**

- ◆ Clothing printed with: Advertisements for tobacco or alcohol, Inappropriate, lewd, or suggestive messages; Revealing clothing such as (but not limited to): Inappropriately short skirts or shorts; Revealing (including midriff-baring) tops; pants worn to show under wear.
- ◆ Possession, consumption or distribution of alcohol.
- ◆ Possession, use or distribution of illegal drugs; Possession or use of all tobacco products.
- ◆ Possession or use of a weapon (except as part of an authorized shooting sports event or other staff-authorized use).
- ◆ Possession or use of a harmful object with the intent to hurt or intimidate others.
- ◆ Sexual activity.
- ◆ Boys in girls' dormitory or lodging areas and girls in boys' dormitory or lodging areas.
- ◆ Cheating or misrepresenting project work.
- ◆ Theft, destruction, or abuse of property.
- ◆ Violation of an established curfew.
- ◆ Unauthorized absence from program site.
- ◆ Physical, verbal, emotional, or mental abuse of another person.
- ◆ Other conduct deemed inappropriate for the youth development program by CCE of Cattaraugus County staff, or a 4-H volunteer leader.

### **If these conduct codes are 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 or suspended 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 or suspended. In the case of an adult violation, the adult may be asked to leave the event.
- ◆ If any laws are violated, the case may be referred to the police.

## **ADULT CODE OF CONDUCT**

Cornell Cooperative Extension of Cattaraugus County Parents/Guardians (of youth involved with the CCE of Cattaraugus County programs) are expected to accept and adhere to the following standards of behavior when their child(ren) is/are engaged in CCE of Cattaraugus County Youth Development Program activities as stated here.

### **As a CCE of Cattaraugus Co Parent or Guardian I will:**

- ◆ Respect and adhere to the CCE of Cattaraugus County rules, policies and guidelines that relate to the specific CCE of Cattaraugus County Youth Programs. Conduct myself in an ethical manner.
- ◆ Model kindness and compassion for others. Recognize that all young people have skills and talents that can be used to help others and improve the community.
- ◆ Teach and model fair-mindedness by being open to ideas, suggestions and opinions of others. This includes the final opinions of judges/evaluators for all Youth Programs.
- ◆ Fulfill my parental/guardian duties, including completion of required records or reports, in a timely manner.
- ◆ Work cooperatively with CCE of Cattaraugus County staff and volunteers.
- ◆ Avoid and prevent put-downs, insults, name-calling, yelling and other verbal and non-verbal conduct as well as written items (including social networking, Internet, etc.) likely to offend, hurt or set a bad example.
- ◆ Be responsible for my behavior, exhibit good sportsmanship, use appropriate language and uphold exemplary standards of conduct at all CCE of Cattaraugus County youth activities.
- ◆ Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE of Cattaraugus County programs recognizing that people's values, beliefs, customs, and strengths differ.
- ◆ Respect individuals of diverse backgrounds, cultures, perspectives.
- ◆ Not possess, sell, offer, consume or use alcohol and/or controlled substances at CCE Cattaraugus County youth events/activities, or attend CCE Cattaraugus County youth activities under the influence of alcohol and/or controlled substances.
- ◆ Model the importance of obeying the laws and rules as an obligation of citizenship and commit no illegal or abusive act.
- ◆ Provide a safe environment, not carelessly or intentionally harming youth or adults in any way: verbally, mentally, or physically.

## PART 6: CHILD/CUSTODIAL RELEASE

If there are any restrictions regarding the release of information or custody as to either parent, please provide 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 Cattaraugus County will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian: Please initial:

## PART 7: PHOTO RELEASE

By signing 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 or my child participating in CCE 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. I sign this form freely and without inducement:

Parent/Guardian: Please initial: \_\_\_\_\_

## PART 8: 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 #3 Acknowledgement of Risk, #4 Code of Conduct(s), #5 Medical Permission Slip; #6 Custodial Release, #7 Photo Release, #8 Signatures.

Youth Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Please print name)

**Please Circle -** I plan to participate in the following animal project (s)

- 4-H Beef
- 4-H Dairy
- 4-H Dairy Steer
- 4-H Dairy Lease Program
- 4-H Sheep
- 4-H Swine
- 4-H Goat
- 4-H Poultry/Turkey
- 4-H Alpacas/Llamas
- 4-H Rabbits/Cavies
- 4-H Cats
- 4-H Dogs
- 4-H Horses (over 9 years of age and riding horse)

Is this your first year for any of these projects? NO or YES: If Yes, which one(s): \_\_\_\_\_

**Please Circle All that Apply -** I plan to participate in the following project (s)

- Arts and Crafts
- Cloverbud Projects (ages 5-7)
- Food & Nutrition
- Community Service
- Photography
- Textiles and Clothing
- Horticulture

Shooting Sports

Other(Please List):-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PART 5: PERMISSION SLIP AND MEDICAL INFORMATION FORM

## Cornell Cooperative Extension of Cattaraugus County 2017-2018

Please Print:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location (s): \_\_\_\_\_

Activity Director: \_\_\_\_\_

### Medical History:

*(check any that apply to your child)*

#### Illnesses:

\_\_\_\_\_ Ear Infections  
\_\_\_\_\_ Rheumatic Fever  
\_\_\_\_\_ Convulsions  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Other: \_\_\_\_\_

#### Allergies:

\_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Ivy Poisoning  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

*On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of. Also, indicate if your child requires any special dietary needs.*

### Family Medical and Hospitalization Coverage:

Name of medical Insurance Company or Government program: \_\_\_\_\_

Identification/ Policy #: \_\_\_\_\_

Family Physician's Name and Number: \_\_\_\_\_

### Permission Granted:

1. I hereby give permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during that time for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescription medication he or she is currently taking
4. 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 faculty as appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian