

Oswego County 4-H Youth Enrollment Form



Office Use			Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check #			
	Date Received	Initials	Amount:	Initials:	Date Entered	Initials

YOUTH ENROLLMENT FEE: \$14/year for county residents, \$23/year for out-of-county residents. Payment due at the time of enrollment. Please make checks payable to:
CCE Oswego County 4-H

*Please print legibly and complete all questions on all pages.
*Those marked with an asterisk are required.**

Club: Independent Club: _____
Name of club

***Youth Name:** _____ ***Gender:** _____
First Last

***Address:** _____ ***Primary Phone:** _____

***City, Zip:** _____ **Cell Phone:** _____

Email: _____ **Work Phone:** _____

***Birth Date:** _____ **Age on 1/1/21:** _____ **Years in 4-H:** _____

Parent 1 Name: _____ **Legal Guardian?** Yes No
First Last

Parent 1 Cell: _____

Parent 2 Name: _____ **Legal Guardian?** Yes No
First Last

Parent 2 Cell: _____

Parent 2 Address: _____
(If different from address above.) Street/PO Box City State Zip

Parent 2 Home Phone: _____ **Parent 2 Work Phone:** _____

Parent 2 Email: _____ **Send Correspondence to 2nd Address?** Yes No

***Are you a Youth Leader?** Yes No *Select yes if you serve as a Jr. Leader, Club Officer, etc.*

***Are you of Hispanic or Latino ethnicity?** Yes No

***Military Service of Family:** Parent serving Sibling serving No one serving in the military

Branch: Air Force DOD Civilian **Status:** Active Duty
 Army Marines National Guard
 Coast Guard Navy Reserves

***School District:** _____ **Homeschooled?** Yes No

School Name: _____ **Grade:** _____

Please print legibly and complete all questions on all pages.

Those marked with an asterisk are required.

<p>*Please check all the races that apply to you:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Prefer not to state</p>	<p>*Where do you reside?</p> <p><input type="checkbox"/> Farm</p> <p><input type="checkbox"/> Town under 10,000 or rural non-farm</p> <p><input type="checkbox"/> Town/City 10,000 - 50,000 and its suburbs <i>(such as Fulton or Oswego)</i></p> <p><input type="checkbox"/> Suburb of City more than 50,000</p> <p><input type="checkbox"/> Central city more than 50,000</p>
--	--

***Photo Release:** Yes No

By checking yes, I agree to grant Cornell Cooperative Extension permission for the unlimited right to use any media that they have of me/my child/ward participating in Cornell Cooperative Extension programs or events (including photographs, audio, video, direct quotes, and digital images) for purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes. 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.

Enrollment Type: Independent Club: _____

Name of Primary Club

Is this your primary 4-H Club? Yes No **Other 4-H Memberships:** _____

Project(s) you plan to complete/work on this year:	Youth Leader?	Need Literature?	Year in Project:
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you require an accommodation for a disability to participate in this program? Yes No

If yes, what accommodations do you require?

***Member Signature:** _____ **Date:** _____

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

***Leader Signature:** _____ **Date:** _____

4-H Youth Acknowledgement of Risk Form

This form must be completed to participate (including Cloverbuds) 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 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 **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 Oswego County

DATE(S): 4-H Program Year: October 1, 2021 - September 30, 2022

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

For Cloverbuds (youth 5-8 years old only):

- Cloverbud activities
- Cloverbud working with equine or other animal programs

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.

Member Name: (Print) _____ **Date of Birth:** _____

Address: _____
Street/PO Box City State Zip

Parent/Guardian Name: (Print) _____

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

This form must be kept on file until participant reaches age 21.

OSWEGO COUNTY 4-H CODE OF CONDUCT

This is to be read and signed by all youth and adult members of 4-H.

1. I will respect the rights and feelings of all the members, leaders and guests of my 4-H club.
2. I agree to model kindness and compassion for others.
3. I will not use anyone else's things without permission.
4. I will 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.
5. I agree to respect and uphold the rights and dignity of all participants, volunteers, and cooperative extension staff, recognizing that people's values, beliefs, customs, and strengths differ.
6. I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
7. I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
8. I agree to not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
9. I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required for a project, class or activity. (I understand that my leader or the instructor will give me a written list of equipment when such items are needed.)
10. When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.
11. I will not wear 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; clothing worn to show undergarments.
12. I agree to be responsible for my behavior, exhibit good sportsmanship, use appropriate language, and uphold exemplary standards of conduct at all 4-H youth activities.

I have read and agree to comply with the Code of Conduct written above.

*Youth or Adult Member Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____
(If youth under 18 years of age.)