

4-H MEMBER ENROLLMENT DECLARATIONS 2018 - 2019

Youth Name (Print): _____ Parent/Guardian name: _____

PART 1: CODE OF CONDUCT - 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 Onondaga County are required to conduct themselves according to the following 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 (i.e.: Pants worn to show underwear)
- Possession, consumption or distribution of alcohol and tobacco products.
- Possession, use, or distribution of illegal drugs.
- 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.
- 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.
- Other conduct deemed inappropriate for the youth development program by Cornell Cooperative Extension Onondaga County staff, or a 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.

Initials: _____

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. Initials: _____

PART 3: 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 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 without /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. Initials: _____

PART 4: ACKNOWLEDGEMENT OF RISK

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 there with. Initials: _____

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.

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, acknowledgments and agreements herein, specifically including parts:#1 Code of Conduct, #2 Parental Consent/Youth Assent, #3 Photo Release,#4 Acknowledgment of Risk, #5 Signatures.

Youth Signature: _____

Parent/Guardian Signature: _____

Club Name: _____ or Circle ⇔ Independent Member

Date: ____/____/____

4-H Program Year: October 1, 2018 to September 30, 2019



NYS 4-H Permission Slip

Information in this form will be used to help ensure a safe, positive experience for you and/or your child. Only Cornell Cooperative Extension and 4-H staff (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

Activity and Location: _____

Date(s): _____

Participant's Name: _____ (Please print name) Date of Birth: _____

Check one: Youth Adult Volunteer CCE staff

If youth: Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Address (city, state, and zip code): _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Phone: _____

Medical Release

Family Medical and Hospitalization Coverage

Type of Insurance Coverage: _____

Subscriber of Policy: _____

Address of Insurance Company: _____

Identification/Policy #: _____

Family Physician's Name: _____

Phone: _____

Medical History – please check all that apply

Medical Conditions

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Asthma
- Other (specify): _____

Allergies

- Hay Fever
- Insect Stings
- Ivy Poisonings
- Penicillin
- Other (specify): _____

Food Allergies/Dietary Restrictions

- Peanuts
- Milk
- Eggs
- Tree Nuts
- Seafood/Shellfish
- Gluten Products
- Other (specify): _____

Date of Last Tetanus Booster: _____

Current Prescribed Medication (specify): _____

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse's office. As needed, participants will request their medication from the nurse for self-administration. Any need for assistance (e.g., injection) will be referred to Gannett Health Center.

Please specify any other health concerns, physical activity restrictions, and/or any other information you want 4-H staff and chaperones to be aware of on behalf of your child's welfare.

Parent/Guardians

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 facility as appropriate.

I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above. **Initials:** _____

Adult Participants

I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness. **Initials:** _____

Permissions Granted

I hereby consent or give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.

Parent/Guardian or Adult Participant Signature: _____ Date: _____