

4-H ENROLLMENT FORM — MADISON COUNTY, NY

Club Name: _____ Club Leader: _____

Circle One: M – Member (3rd grade to age 19)
C – Cloverbud (Kindergarten through 2nd grade)
I – Independent Member (a member without a club – can be any age)
G- Organizational leader
R – Resource Leader
O – Other Volunteer

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Sex: _____ Year in 4-H: _____ Age: _____

Birthday: ____/____/____ Junior Leader: Y/N

Other 4-H Club Memberships: _____ email: _____

Do you have any siblings in 4-H? _____

Primary Parent/Guardian Last Name: _____ First Name: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ Cell Phone ____-____-____

Legal Guardian Y/N

Additional Parent/Guardian information should be listed on back of form

Ethnic (circle One): White Black Am.Indian/Alaskan Hispanic Asian

Residence (circle one): Farm Rural Town Suburb City

“Cornell Cooperative Extension is granted permission to use and/or publish my or my child’s photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs”

Signature of parent: _____

I want the Extension office to be aware of the following disability:

I do not want the office to reveal my name/address as part of a public record or list.

Parent Signature _____ **Leader Signature** _____

Please return to your club leader or to the 4-H Office:
or fax to (315) 684-9290

CCE of Madison County 4-H
PO Box 1209
Morrisville, NY 13408

Madison County 4-H Standards of Behavior

The Madison County 4-H Program wants members and volunteers to feel welcome, respected, nurtured, and safe in all of their 4-H activities. 4-H members, volunteers, and 4-H Staff are expected to work together to resolve problems.

I will learn and strive by the 4-H Pledge:

I Pledge

My **Head** to clearer thinking,
My **Heart** to greater loyalty,
My **Hands** to larger service, and
My **Health** to better living for my club, my community, my country, and my world.

I will:

- treat others, as I would like to be treated. I will show respect and consideration to other
- youth, 4-H leaders, staff and other adults who make 4-H possible for me.
- live up to a high standard of good sportsmanship at all times, accepting victory and defeat with pride and compassion.
- accept responsibility for my language and behavior.
- refrain from inappropriate public displays of affection.
- obey all laws and refrain from the use of tobacco, alcohol, and illegal substances.
- use good common sense and do what is right for the situation.
- help others learn about 4-H and be a positive example of 4-H values in the community.
- cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
- obey any special rules that apply to county, district, state or national 4-H activities I may choose to participate in.

I promise to obey these Standards of Behavior _____

4-H Member Signature

I have read these Standards of Behavior and have witnessed my child's signature

Parent/Guardian Signature

Date

ACKNOWLEDGMENT OF RISK FORM-YOUTH GENERAL
(THIS FORM MUST BE COMPLETED TO PARTICIPATE IN 4H CLUBS AND ACTIVITIES)
This form may be completed during registration for the 4H program year

I hereby apply for my child to participate in the 4H 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 4H Club and activities and my child's participation in said 4H 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 years/Kindergarten** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of MADISON County

4H CLUB OR ACTIVITY:

DATE(S): **October 1, 20**_____ **through September 30, 20**_____

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: _____

SIGNATURE: _____ DATE: _____