



# 4-H NEW MEMBER ENROLLMENT

## CORNELL COOPERATIVE EXTENSION OF WESTCHESTER COUNTY

**CLUB NAME:** \_\_\_\_\_

**Check One:**  4-H Cloverbud Member (ages 5-8)  4-H Youth Member (Ages 9-19)

CLOVERBUD MEMBERS Must Be Age 5 By January 1 During The 4-H Year In Which They Participate.

YOUTH MEMBERS Must Be Age 9 Or Have Not Reached Age 19 By January 1 During The 4-H Year In Which They Participate.

**Member Name:**

**Address**

City

State

Zip Code

Home Phone

e-mail

I do not want Cornell Cooperative Extension to reveal my name, address or telephone number as part of a public record or list.

**Gender**

**Age**

**Birthdate**

**School**

**Grade**

**Does the club member have a disability?** Yes  No  If yes, please give details.

**Ethnicity**

Hispanic  Non-Hispanic

**Race**

White  Black  Alaskan/Native American  Asian  Hawaiian/Pacific Island  White & Black  
 White & Alaskan/Native American  Black and Alaskan/Native American  White & Asian  Other

**Residence**

Farm  Rural (Under 10,000)  Town (10,000 - 50,000)  Suburb (Over 50,000)  City (Over 50,000)

## PARENT INFORMATION

**Mother's Last Name**

**Mother's First Name**

**MI**

**Address**

(Please complete information ONLY if different from youth information)

City

State

Zip Code

Home Phone

e-mail

I do not want Cornell Cooperative Extension to reveal my name, address or telephone number as part of a public record or list.

**Father's Last Name**

**Father's First Name**

**MI**

**Address**

(Please complete information ONLY if different from youth information)

City

State

Zip Code

Home Phone

e-mail

I do not want Cornell Cooperative Extension to reveal my name, address or telephone number as part of a public record or list.

## EMERGENCY CONTACT

(Please complete information ONLY if different from youth information)

**Last Name**

**First Name**

**MI**

**Address**

City

State

Zip Code

Home Phone

e-mail

# MEDICAL INFORMATION

## PHYSICIAN INFORMATION

NAME OF PHYSICIAN(S)

TELEPHONE: (            )

NAME OF PHYSICIAN(S)

TELEPHONE: (            )

## HOSPITALIZATION COVERAGE

NAME OF INSURANCE COMPANY OR GOVERNMENT PROGRAM

MEDICAL INSURANCE POLICY NUMBER

ALLERGIES:

MEDICATIONS TAKEN:

IMPORTANT: Parental signature at bottom of this form gives permission for a doctor or nurse to treat my child in case of emergency

## CORNELL COOPERATIVE EXTENSION CODE OF CONDUCT

CORNELL COOPERATIVE EXTENSION OF WESTCHESTER COUNTY

The purpose of this CODE OF CONDUCT is to ensure the safety and well-being of all participants in 4-H Youth Development programs. Participants in 4-H youth programs will accept their responsibility to represent Westchester County Cornell Cooperative Extension by:

- ◇ Respecting, Adhering to and Supporting Established 4-H Rules, Policies, and Guidelines
- ◇ Being Positive Role Models for Other Youth
- ◇ Promoting and Supporting efforts to Develop Local, County, State and National 4-H Programs
- ◇ Supporting Leaders and Volunteers in a Cooperative Spirit
- ◇ Conducting Themselves in a Courteous and Respectful Manner
- ◇ Exhibiting Good Sportsmanship
- ◇ Abstaining from and Not Tolerating Physical or Verbal Abuse
- ◇ Complying with Equal Opportunity and Anti-Discrimination Laws \*
- ◇ Refraining from Engaging in Sexual Activity during 4-H Events
- ◇ Refraining from Criminal Activity
- ◇ Demonstrating Care and Concern for Other Youth by Reporting, with Reasonable Suspicion, Abuse or Maltreatment to a 4-H Staff Person or Leader
- ◇ Under No Circumstances - Possessing, Selling, Consuming, Using or Being Under the Influence of Alcohol or Controlled Substances while participating in Youth Activities or Events of Westchester Cornell Cooperative Extension

AT ALL TIMES when participating with my club and while at all 4-H activities. If I do not follow the Code of Conduct, the chaperone and/or 4-H leader will contact my parents and I will have to leave the meeting or event immediately. If I am traveling with 4-H, my parents will be responsible for providing my transportation home, regardless of location at their own expense.

## SIGNATURES

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

**Members:** I have read, understand, and agree to uphold the code of conduct.

**Parents:** I have discussed the Code of Conduct with my son/daughter and affirm that he/she understands and agrees to abide by the Code of Conduct. Also, my signature below gives permission (in case of emergency) for medical treatment of my child.

Member Signature

Date

Parent Signature

Date

Leader Signature

Date

CORNELL COOPERATIVE EXTENSION OF WESTCHESTER COUNTY

26 Legion Drive, Valhalla, NY 10595

CORNELL COOPERATIVE EXTENSION PROVIDES EQUAL PROGRAM AND EMPLOYMENT OPPORTUNITIES.