



Monroe County 4-H Enrollment Form

In order to be eligible to enroll in the Monroe County 4-H Program, you must complete this form and submit the necessary enrollment fee (\$50.00 per family) to:

Cornell Cooperative Extension, 249 Highland Avenue, Rochester, NY 14620

PERSONAL INFORMATION:

Last Name First Name M.I. Address City Zip Code Home Phone Alternate Phone Email Address

4-H often sends information electronically; please list your preferred address for receiving 4-H announcements and updates We will not share your email information with any other party or agency.

Date of Birth Gender: M F Age on January 1st of this year (4-H Age) # of years in 4-H Grade School

Describe your residence (circle one):

Ethnic Identification (statistical purposes only):

- Farm/Rural (population under 10,000) Suburb (population 10,000-50,000) Suburb (population over 50,000) City (population over 50,000)

- Caucasian African-American Hispanic-American Asian-American/Pacific Islander Native American Other

County of Residence (example: Monroe)

PARENT/GUARDIAN INFORMATION:

Last Name First Name M.I. Address City Zip Code Home Phone Alternate Phone Employer Work Phone Email Address

Last Name First Name M.I. Address City Zip Code Home Phone Alternate Phone Employer Work Phone Email Address

I am interested in Volunteering for 4-H (check all that apply):

- 4-H Advisory Committee Organizing 4-H Events/Activities 4-H Office Support Offer a Workshop or Program for 4-H Youth 4-H Resource Development/Fundraising Other

4-H INTERESTS (check all that apply):

- Youth Community Action/Community Service Environmental Stewardship & Learning Agricultural & Animal Sciences Other Project Areas of Interest

Leader Signature (if applicable) Date Parent/Guardian Signature Date

over

***Please read and sign below the acknowledgement, medical, and photo release forms.***

**MEDICAL DATA:** Information is provided in the event of a medical illness or injury. Provide any information that staff, chaperones or others may need to be aware of in regard to the welfare of your child. Please note any specific dietary needs. *I hereby give permission to the chaperone, director, leader, or event person in charge to dispense to my child any prescribed medication that he/she is currently taking. I understand I will be notified in case of any injury or illness. In the event I cannot be reached I hereby give permission for my child (listed) to be medically treated by a physician or medical facility as appropriate. This form is in effect from date of enrollment/re-enrollment for the 2008-2009 Program Year.*

Child \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ ID \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

**Past & Current Medical History: Illnesses and/or Allergies** \_\_\_\_\_

Ear Infections       Rheumatic Fever       Hay Fever       Insect Stings       Other \_\_\_\_\_

Convulsions       Diabetes       Ivy Poisonings       Penicillin

**Current Prescribed Medications** \_\_\_\_\_

Are there any circumstances, disabilities or conditions we should be aware of? (please use space provided)

**PUBLICITY, PHOTO, DISPLAY, AND PRESS RELEASE:** I understand and agree that photos or videotape may be taken of my child when participating in any Cornell Cooperative Extension and 4-H sponsored event and/or activity. *I hereby grant permission that photos and videotape may be used for publicity purposes, publications, press releases, displays, and advertising of the 4-H Youth Development Program.*

Child \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK:** I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in any and all events or activities sponsored by Cornell Cooperative Extension and 4-H, and that use of equipment related to such events or activities may result in injury, illness, damage to property, or death. I also understand other participants, accidents, forces of nature or other incidents may cause these risks and dangers and I hereby accept these risks and dangers. My child is of good health and I understand my child may participate in strenuous physical activity.

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY EVENT OR ACTIVITY IN THE 4-H PROGRAM DURING THE **2008-2009 PROGRAM YEAR.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in 4-H activities shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

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

Child's Name \_\_\_\_\_

**ENROLLMENT INFORMATION:**

New Enrollment (new to 4-H)       Re-Enrollment

Cloverbud (ages 5-8)    Member (ages 9-19)    Adult Club Leader    Activity Leader    Project Leader

Club Name (if applicable): \_\_\_\_\_